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MENTAL HYGIENE IN RELATION TO RELIGION*

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THE theme, "Mental Hygiene and Religion," I approach as one who believes that both have much to contribute to their common purpose—the achieving of a free, happy, effective, abundant, useful life for human beings.

I have a friend in the ministry who once declared succinctly and dogmatically, "Psychology is the bunk." On the other hand, I know psychiatrists who hold that any one who professes religion at all is just so far divergent from the normal. I do not see that a blinkered mind is any less reprehensible because the blinkers are sophistication rather than obscurantism. Here, as so often, the inclusive, not the exclusive, view approaches the truth.

The goals of psychiatry and religion are closely allied; indeed in large areas they overlap. Both recognize the worth of the individual. Both are concerned with the resolution of conflicts and the integration of personality. Both are desirous of achieving for people an adequate security. Both are aware of the high potentiality of the emotions and their involvement in all the problems of life. Both are aware that effective living involves social adjustment. Both strive to give meaning and value to the life of the individual.

Religion has been working at this task with a host of failures and a vast volume of successes for thousands of

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years—working often blindly, impulsively, misguidedly, but devotedly, achieving its results, not only by reasoned theory, but by the practical trial-and-error method by which the race has learned most of its wisdom. In recent years have come psychology, psychiatry, and mental hygiene; they have made rapid strides forward, as if with seven-league boots, in the understanding of human nature and the functions of the mind. They have taken the rough calculations regarding the "psyche" and have reduced them to at least a semblance of dependable scientific accuracy. It is not surprising that there has come a clash between this age-old religious tradition, with its "cure of souls," and this bustling new science, with its psychotherapy. Our interest is to point out the desirability and the direction of coöperation between the two.

One cannot intelligently discuss the relation of mental hygiene to religion without recognizing the varied implications of the latter term. One cannot generalize and speak of religion as if it were an exactly definable thing always the same. There are all kinds of religion. Psychologists and psychiatrists have their divergences of theory and practice, too, but our concern just now is this wide span of divergent religious concepts.

There are certain forms of religious belief and activity which definitely contribute to mental ill-health. It is probably the prevalence of this kind of religion that explains the antagonism of many psychiatrists toward all religion.

Let us note some of these trends in religion that hinder healthy-mindedness.

There are forms of religion that instead of lessening tension, heighten it, instead of resolving conflicts, create them. Their theology involves a distorted theory of human nature; their ethic is authoritarian rather than realistic; their emotional emphasis is eruptive rather than placatory.

Religious leaders may instruct the young, for instance, in ideas which they surround with authoritarian sanctity—doctrines of scriptural inspiration, of denominational exclusiveness, of sacramental necessity. Then these young folk move on to college or university; they learn new truths and develop skill in factual discrimination; they find that

there is a conflict between the faith in which they were instructed and the conclusions that intellectual integrity demands. Tension is inevitable when religion is taught in this indoctrinating fashion.

This tension-creating tendency of religion is apical in the matter of guilt. Mental hygiene recognizes the devastating consequences of this feeling and seeks to reduce it. While religion aims similarly to provide release from this sense of guilt, it has not escaped the temptation to use the sense of guilt as a means of gaining a hold upon people. Undoubtedly religion has played up this sense of guilt, stimulated it where it would not normally be, fostered it, taught it to children, cherished the concept of depravity, talked of unforgivable sin, until it has produced in lives innumerable a terrific burden of guilt, which is morbid, artificial, and mentally disastrous. It is true that in many cases religion has brought peace out of this conflict; that fact psychiatrists must recognize. But religious leaders must also become aware of the often fictitious nature of the guilt and tension that they have created, and of the enormous price of mental disorder which their error has occasioned.

Next there are forms of religion which clash with mental hygiene in that they place a premium on suggestibility. There are creedal churches, authoritarian religious systems which demand that their adherents accept without questioning the orders given them by the hierarchy; they must believe without scrutiny the doctrines that are *ex-cathedra* decreed, must perform without curiosity the rites that are ordained. "Theirs not to reason why!" This concept of religion, which refuses free rein to the investigative mind and rejects the principle of untrammeled research, mental hygiene has a right and a duty to challenge as high religion does challenge it. Fact-loyalty must be supreme in religion as in science; a readiness to change in the light of new truth is as necessary for vital religion as for advancing scientific methodology. Wherever religion draws a circle of sanctity about itself and its people and says, "Thus far shalt thou seek truth and no farther," it is surrendering its right to the respect of free minds. Religion which wants to keep minds subjugated, sub-

missive, unadventurous, obedient, is not contributing either to truth or to mental health.

Akin to this, yet somewhat different, is the tendency of many forms of religion to foster emotional infantilism. The ideology of much religion incorporates this concept of infantile dependency. To this patriarchal type of religion many folk cling. They want to be cuddled in the arms of a mother church. They conceive of religion as a kind of cosmic bassinette in which they can live protected and favored lives. And how they do howl and bawl when circumstances upset the bassinette and they are projected into the cold realities of the world!

Then, too, those forms of religion imperil mental health which hold out the prospect of dodging or escaping. There are some who perform the rites of religion as a means of escaping the consequences of their own bad judgment, their own false choices. They see here a means of warding off the mysterious "kismet" which they think they see in the shadows. Religion for them is an added protection in evading the bogeymen of failure, of accident, of domestic disaster, of sickness, of poverty, of death.

Assuredly religion of this sort should be challenged by any one who is aware of the proper functioning of the human mind, by any one who is concerned with the achievement of mental health; indeed it should be scrutinized by those who are concerned with the wholesomeness of religion itself.

But we must in the interest of truth recognize that the picture of religion so far drawn is a distorted one. There are other forms of religion than those which have been described—religion with a different ideology, religion with other consequences in human lives, religion that will not blow out the mental fuses of the psychologists.

There are concepts of religion that afford free play to the powers of the human mind, encouraging it in investigation, indeed spurring it beyond the mere confines of science, to the area of philosophical interpretation and courageous creativity. There are forms of religion that eagerly adopt the scientific knowledge of human nature and a realistic ethic; that are in full harmony with the mental-hygienist in seeking to reduce rather than to create inner tensions. There

are groups of religious people to-day who are eagerly desirous of developing a religion of maturity that has outgrown infantile investitures; who see in religion, not a means of dodging difficulty or escaping consequences, not a procedure for projecting their own wills or wishes upon the universe, but a factor in the liberating of life from insignificance and weakness for meaningfulness and achievement; who see in religion not the whinings of fear nor the sobbing of self-pity, but the battleshout of the heroic and the pæans of the victorious.

An authoritarian religion, with an antiquated metaphysic, with a medieval theology and a demand for blind conformity, makes little appeal to thoughtful folk to-day. But a religion that cherishes the heritage of the past—and there is a heritage there—rectified by the expanding investigation of the contemporary mind; a religion that grows along with the expansion of man's grasp of reality; a religion that revises its "God-concept" with new truth—not because that God-concept is its own projection, but because finite minds must always be tentative and experimental in their pictures of the overarching mystery; a religion that, understanding human nature, liberates, unifies, matures, invigorates personality and draws individuals together in fellowship and shared endeavor for the creation of a just and brotherly society—such a concept of religion may rightfully claim the attention and the allegiance of thoughtful and earnest people.

Recognizing, then, that there are forms of religion which can enter into free and reciprocal comradeship with mental hygiene, what can the two contribute to each other? How can they enrich each other and thereby fructify the experience of the race?

Already has been implied the abundant contribution which mental hygiene has made to religion. Because of the stimulus of psychological analysis, religion has been compelled to revise its concept of its origin and history, to think more accurately regarding its tenets, to purge its promotional methods, to curb its sectarian pretensions, to discard its infantilism, and in some measure to come of age.

However, one need not share the belief of some that psychological discovery has resulted in the total deliquescence

of religion. One may be aware that projection has figured largely in religion, but that does not prove that the God-idea is only a projection. One may recognize the part of the father in shaping one's concept of God without reducing the idea of deity to a father phantasy. Folk may outgrow the period of infantilism, but that does not mean that the concept of a value-creating will in the universe which may be figuratively spoken of as "Father" must be discarded. One does not have to be fatherless in order to be mature, nor omnipotent in order to be secure. Discovery of the primitive origin of religion does not banish its current validity. An intelligent, mature religion in this day is no more invalidated by such facts as Frazer gives in *The Golden Bough* than chemistry is demolished by alchemy or than psychiatry is refuted by phrenology.

Religious leaders should be eager that all the rich findings of mental hygiene should be incorporated in the thought and practice of religion. Not only in interpreting religion to their people, but in understanding their problems and in helping them out of the difficulties and tensions and thwartings in which they find themselves, ministers may find the insight and the methods of mental hygiene of invaluable aid. Aware that they are ministers, and not psychiatrists, and that there are areas of mental disorder with which they cannot deal, they yet discover that there are many problems of fear and uneasiness, of insecurity and frustration, which disable and hamper folk with whom they work—folk who will never see a psychiatrist, who cannot afford to consult a psychiatrist, who do not need a psychiatrist, but who can be helped by that understanding, guidance, and counseling which is equipped with mental-hygiene awareness.

By classes and by personal counseling, it should be the endeavor of religious leaders to make those with whom they are associated aware of the fundamental principle of mental health as they have been aware of the basic laws of bodily hygiene. Eagerly they can help folk to know the perils of thwarting a child's independence as well as they know the unwisdom of keeping the child's windows closed at night. They should realize the need of self-reliance as much as they know the need for regular elimination. There are basic

factors of mental health which the layman can grasp and incorporate in his life; and surely religion, in its service of humanity, can be intrinsically improved and effectively implemented by the understanding and the utilization of these principles of mental hygiene.

On the other hand, it should be made clear that religion of an intelligent, dynamic kind has much to contribute to mental hygiene that will result in the enrichment of this movement.

The psychiatrist or analyst is not a specialist in religion. It is unfortunate that he sometimes purports to be, by trying to speak a final and dogmatic word in that field. In psychology as well as in the other sciences, intensive training in one area does not equip one with that broad philosophy which enables one to see life steadily and see it whole. There is the peril—from which scientists in this field have not remained wholly free—that one will take the small realm of his specialization and exalt that arrogantly into a theory of the universe. This factor of arrogance, not in relation to people, but in relation to life, is apt to be the consequence of the psychiatrists' insistence that man shall be self-sufficient. Religion helps to save that fine self-sufficiency from cockiness and to keep it realistic in a universe which transcends man's full comprehension.

While the necessity for both maturity and security is recognized, it may yet be suggested that that man has not achieved the fullest experience who has no reverences in his life. The man who, like Cromwell's Ironsides, rides roughshod into all sanctuaries and shatters all altars, who never feels the tugging of an ineffable mystery at his life, is outside the pale of the highest experience. Huxley, the scientist, speaking of himself as "a little child gathering a few shells on the shore of an illimitable sea," was not in so far infantile—he was a great mind aware of the vastness and splendor of the universe. Einstein is not speaking as a baffled neurotic when he says, "The basis of all scientific work is the conviction that the world is an ordered and comprehensible entity, which is a religious sentiment. My religious feeling is a humble amazement at the order revealed in the small patch of reality to which our feeble intelligence is equal."

He speaks as a noble personality with an intelligent adjustment to the sublimity of the universe.

Not only can religion be of help in maintaining mental health, but the psychologically trained minister can also be of aid in the solution of some of the problems with which the psychiatrist deals.

The psychiatrist finds occasionally that religious ideas are woven into the problems of his patients. If certain religious ideas are clarified, the conflict can be lessened. Because of one's conditioning, perhaps in an intelligent religion may lie the factors that will marshal the forces of personality for reëducation. Certainly it is the task of the psychiatrist to project the religious issue into his work, but there are cases where the understanding and special training of a minister can helpfully supplement the work of the psychiatrist; there are people whose background is religious and whose wholesome adjustment to life will involve a religious orientation. For the psychiatrist to ignore or reject this fact is to do violence to personality.

Religion can aid in fostering a desire for reëducation and in furnishing techniques by which that reëducation can be advanced. A psychiatrist once said, "I can help my people to understand their difficulties and to see what needs to be done to rectify them, but I often find it hard to kindle the incentive to do what is to be done." Without going into the metaphysics of it, it may be said that, practically, religion does furnish to many people just that incentive, that drive, that vigor which make the difference between the dilettante and the dynamic personality.

Religion, too, furnishes techniques for that reëducation—prayer, worship, and the inspiration of shared idealism. The mention of prayer does not involve the old supernaturalism. Rather, a psychological study of devotional practices will reveal that here there is a technique for the sensitizing of apperception, for the clarification and unification of personality, for effective self-analysis, for constructive problem-solving, for the releasing of undreamed capacity residing within the self. Intelligent, modern-minded folk may find here a means of release and inspiration which they ignore to the unnecessary impoverishment of their lives.

Religion, both in its outlook and in its organized forms, can aid greatly in achieving that socialization which every worker in this field finds so frequently needed for satisfactory life-adjustment. The recessive individual needs comradeship, requires the release of appreciative friendship. In camps and churches, in settlements, associations, and clubs, whose leaders are religiously motivated, one finds some of the most valuable opportunities for this socialization, because here there are comrades and counselors who are moved by the altruism of high religion and who are willing to go out of their way to help the individual who is struggling toward adjustment.

Also, religion can be of great help in developing a philosophy of life. Society as a whole is almost bankrupt philosophically. Many people are so superficial that they never ask questions as to the significance or value or direction of life. Many others are so burdened with the immediate demands of livelihood that they never look at life in the large. Others are so bewildered by the chaos of events that they see no meaning, no goals, in life. There are those who are so involved in some area of specialization that they cannot see their own realm in perspective. Every one needs to work out a philosophy of life—and that is something which science, so long as it remains scientific, and psychiatry, so long as it is pure psychiatry, cannot do. Science cannot answer the deepest, highest, and most searching questions which the spirit of man asks—questions of "Why?" and "Whence?" and "Whither?" These queries involve values and interpretations, experimentation and faith, courage and moral adventure.

Now as soon as one tries to see life as a whole, and one's self in relation to it, one is doing an essentially religious thing. Havelock Ellis defined religion as a "joyful organization of an emotional relationship to the world conceived as a whole." John Dewey, in his recent Terry Lectures, entitled *A Common Faith,* said, "Any activity pursued in behalf of an ideal and against obstacles and in spite of threats of personal loss because of a conviction of its general and enduring value is religious in quality."

While theists would put a richer content into a definition

of religion, nevertheless there should be a hearty agreement with both Ellis and Dewey that the religious outlook involves perspective—seeing one's self and one's task in a cosmic pattern, perceiving one's commitment to high values as a significant fact in the universe. This does not involve the fantastic notion that one is deity's darling, but does involve an interpretation of life, of history, and of the universe which makes personality significant, moral struggle worthful, and social ends precious.

A famous biologist who considered himself an atheist once said, "I see in the universe a trend toward harmony and I believe it is my duty to become a part of that trend." That is really religion of the highest order. It is the recognition of a value-creating and value-maintaining trend in the universe. This means that just as the marine architect launches his vessel confident that he lives in a dependable universe in which the water will float his ship—just as the airplane builder, having made his calculations in his wind-tunnel and built his plane with care, sends it forth confident that he lives in a kind of world that will, if he obeys its laws, give his plane success—so it is the conviction of the religious personality that man lives in a dependable universe in which he who sets forth in devoted quest of truth and beauty, of goodness and of love, of fine personality, sharing in the quest of the same values for others, is making his adventure in a universe which achieves in his endeavor, a spearhead of progress. He still recognizes the regularity of natural law, inscrutable, often ruthless; he makes no plea for favoritism. But he rises to the daring conviction that through the mechanism of the physical cosmos there is a creative trend, a push upward toward higher values, a purpose which plans, an "*élan vital*"; and that confidence imparts to his life a dignity without arrogance, a reverence without timidity, a drive without need for compensation, a meaning without benefit of phantasy. Assuredly a philosophy of life is invaluable in achieving a unified and dynamic personality, and intelligent, liberal religion is a valuable aid in achieving that philosophy.

There is, then, a need for a greater *rapprochement* between religion and mental hygiene, a recognition of their common

goals and of the service that they can render to each other. This approach is already being made from both sides. Mental hygiene is increasingly recognized as an essential field of study in theological education. The Council for the Clinical Training of Theological Students is making available for seminary men opportunities for practical work in this area. One might facetiously suggest that it would be a similarly helpful thing if there were formed a Council for the Spiritual Sensitizing of Medical Students!

Mention may be made of the work and the books of those who are pioneering in this field of mental hygiene and religion. Dr. H. I. Schou in Denmark, Dr. Hadfield in London, Dr. Weatherhead in Belfast, Oskar Pfister on the continent, and others in this country, are building a structure of clinical experience and helpful literature.

But whether the approach is that of religion or of mental hygiene, the common goal must be kept clear lest people be looked upon merely as cases, as prospects for churches, or as proofs for theories. Both religion and science need to be on guard lest, under the mask of helping, they slip into the error of exploitation. Ellouise E. Mitchell has written these lines which she entitles, *Confidential Exchange!*

"She goes,
A girl of doubtful past
And future more uncertain . . .

"Five days she has tarried with us
Here in our haven of virginal Christianity,
And we have touched her with antiseptic fingers,
When it has been necessary to touch her,
But we have talked much of where she should go,
We, who do not want her.

"To us she has told her life's story—
Colorful, pitiful,
Fanciful, we say, and shake our heads.
Charity heads confer;
We tell them what we know. . . .

"God, we have conformed to the profession;
Forgive us if we have missed a human soul!"

Personality is the one factor in the world with an underived and intrinsic worth. The achieving for personality of a wholesome, happy, useful life, emotionally serene, at home

in the universe, of a joyful comradeship with other men, and a responsible share in the creation of a nobler and more just society—this is the purpose that calls into action the utmost capacities of every one of us. It is a task that cannot be performed without the guiding principles of mental hygiene. It is a goal that can be more adequately attained by the inspiration of that intelligent religious faith which sees destiny founded in ultimate reality; which perceives, as Professor Montague puts it, "in man's relationship to an inclusive cosmic life, whose will is good, an influence that is life-affirming and not life-negating, which would lift men up and bear them forward as by a wave, further into the world and its life than ever before, their interests broadened and deepened and their spirits strikingly quickened."

Toward this goal of amplified, mature, radiant personalities, living together in a coöperative society, leaders in mental hygiene and in religion should move forward with audacious confidence in the worth of their undertaking, with undogmatic experimentation in areas yet to be explored, and with the security and mutual trust of fellow travelers who share both food and vision.

THE INFLUENCE OF PSYCHIATRIC THINKING ON GENERAL MEDICINE *

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AS I usually say in opening my course of lectures on psychiatry, when we come to the field of the mental diseases, we are in a territory that to the student seems very different from the one in which he is accustomed to function in the other departments of medicine—a territory that he finds at first not only different, but an exceedingly difficult field in which to orient himself. I always try under these circumstances to begin my course by showing him that the two fields are not really so different, that similar processes are taking place in both, and that they only appear to be different because we are not accustomed to a free translation of one into the other.

The real difficulty here is in translating psychological mechanisms into terms that are immediately comprehensible to those who have been engaged in studying the usual problems of what I call by contrast somatic medicine. The illustration that I use to show the similarities between these two fields of medicine is the illustration, on the one hand, of leukocytosis as a defense reaction of the tissues to infection, and, on the other hand, of certain delusions that have a similar function at the psychological level—for example, the delusion of the old man who, with failing powers of memory and concentration, makes continual mistakes in the work that he is doing in the office where he is employed and, when his attention is called to them, believes that these errors have been written into his work by his enemies in order to discredit him, thus saving himself from the painful recognition of his own failing powers of mind. In both

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instances, you see, there are mechanisms involved that are defensive in character and that serve, the one to maintain the integrity of the body, the other that of the mind.

In pointing out the similarity between these two aspects of the practice of medicine, I have indicated a way of looking at and thinking about human reactions, whether they be somatic or psychic, which I believe to be in a fair way to revolutionize medicine as a whole. As I have been in the habit of saying, the medicine of the nineteenth century, controlled as it was by startling and numerous discoveries and a rapidly expanding knowledge of the body and its functions, was a medicine dominated by its various specialties. Knowledge of so fundamental a nature and so rapidly acquired could not be assimilated and integrated with the same rapidity, and it was but natural that individual practitioners, appalled at the extent of this new field that was unfolding before them, should confine themselves to particular portions of it.

This field, of course, is still expanding, and no one can begin to cover it all. The hopelessness of attempting that is even more acute than it was in the nineteenth century. However, there has been projected into the situation an entirely new concept—I won't say that, because it is hardly true that it is a new concept; it is new only in the fact that it has ceased to be merely the philosophical rumination of a few and is becoming the practical tool of the many. This conception, involving as it does a knowledge of the history and the nature of the development of man as an individual and as a species, dates really from Darwin's publication of the *Origin of Species* in 1859. Darwin's theories at that time were projected into the field of biology with very much the same effect with which Newton's law of gravitation was projected into the field of celestial mechanics. Before Newton, every single event in the universe was a separate affair. The motions of the planets in their orbits, the rise and fall of the tides, and the falling of an apple from a tree were all separate phenomena. With the application of the law of gravitation, an immense number of these phenomena fell into place and could be explained by this one formula—which meant, of course, an amazing simplification

in the thinking about them all. Where before there was multiplicity and perplexity, now ruled law and order.

The same thing might be said about Darwin's contribution. Animal and plant life was infinitely diverse and particulate. Darwin's *Origin of Species* introduced law and order into this realm, and medicine, as you know, along with other disciplines, has profited by this concept.

Now there comes into the picture another concept—the concept of the organism-as-a-whole, which is not, like the law of gravity or the law of evolution based upon the survival of the fittest, the contribution, in large part at least, of a single individual, but a concept that has come into being all along the line—the biologists generally accepting it, the psychiatrists necessarily acting upon it, and medicine correspondingly being forced to regard it.

This concept of the organism-as-a-whole is nothing more nor less than a recognition, not only of the continuity of life—which marches without a break from the past to the present and on into the future—but of the fact that this developmental process is not one that proceeds by disconnected steps unrelated one to another, with the net result that in the end what has happened has been by chance, but that the various steps are related one to another, that there is an underlying purpose—if I may be permitted such a term—which dominates the entire process. In distinction from this point of view, the concepts that controlled the past were of a comparatively restricted sort. The patient came to be considered by the specialist merely as the host of a disorder of a particular kind. John Smith was interesting to the ophthalmologist simply because he had a cataract in his right eye, and Mary Jones was interesting simply because she had a heart with a leaking valve. The concepts, therefore, that were the basis of specialism were restricting, cramping in their nature, because of two limitations in the way of thinking that they necessarily involve. They were restricting, in the first place, because they considered only pathological organs rather than sick individuals; and secondly because they considered disease as invariably and necessarily related to discoverable anatomical explanations. Of course you will understand that I do not consider either

of these points of view as wrong, but merely as necessary stages on the way to a larger and more comprehensive grasp of the problem presented by the sick individual as we see him to-day.

Now I am sure many of you will say, "Why, this is nothing new. We were taught this in our medical colleges." I agree with you there. I can remember a good many years ago being severely criticized by one of the professors for giving carbonate of ammonia to a patient who had pneumonia, because in his opinion it was not indicated; and his criticism was to the effect that I was treating the pneumonia and not the patient. In fact, if argument is needed, one of the outstanding and compelling arguments for the new point of view which is slowly becoming dominant is that it has been in the backs of the heads of practitioners of medicine from the beginning. But it has taken all the centuries that have intervened to accumulate the necessary facts and to modify points of view and ways of thinking in such a manner as to give real vitality and significant meaning to this concept.

Let me illustrate further. Newton's contribution was the formulation of a law governing the motions of the parts of the physical universe. The law of evolution, more particularly as it was formulated by Herbert Spencer and in detail explained by Charles Darwin, was a law that formulated the steps by which simple organisms developed and evolved into more complicated ones until they finally reached man. Now in neither one of these formulations do we find any adequate treatment of the subject of mind, although I am familiar with Darwin's work on the expression of the emotions in man and animals, and Herbert Spencer's *Principles of Psychology*. It remained for the present century to contribute the concept of what is now generally spoken of as the unconscious, which, briefly, means that the mind as we know it is by no means comprised of what happens to be within the ken of our own individual and personal awareness. It means that back of what happens to be in the focus of our attention lies the experience of millions of years of life and living, which expresses itself at the psychological level of development as tendencies, drives, inclinations, wishes, aspirations, instincts if you will, the origin, growth,

development, and structure of which lie buried from our vision, yet express themselves on the surface in perfectly well known ways and are capable of being translated into language by such words as I have just used.

If one wishes briefly to have some little idea of the depth and significance of these various forces that animate us, let him undertake to stop for a moment and try to define for himself in a satisfactory way any one of the words that I have used. If he finds that he cannot do so, let him go to a dictionary. That will carry him a little further back, but not very far. And then finally, if he continues to be interested and will consult the works of the philologists, he will find that these words and their roots reach back further and further into the history of mankind to the very beginnings of language and then are lost in that great region of darkness which is known as pre-history. And yet the searcher will not have succeeded in adequately defining such words.

What does this mean in terms of our present inquiry? It means, briefly speaking, that the medicine of the nineteenth century, which was the medicine of specialties, was a medicine of description, like botany and zoölogy. Diseases, so-called, were recognized by their descriptions. A flower was classified on the basis of its anatomy—its number of petals and sepals and pistils and stamens, the shape of the leaves, the character of the roots, and so forth, throughout a multitude of details. Animals were classified in the same way and diseases also. This was the descriptive stage in scientific development. Let me remind you again that I am not criticizing it, because the descriptive stage necessarily must precede the stage into which I believe we are now entering. And that stage of development is the stage that I would indicate as being dominated not by description, but by what I am pleased to call, as I already have indicated, the purposes of the organism; or, to get a mononym, in place of the term "descriptions," I would use the word "meanings." Meanings replace descriptions; purposes replace classifications. The organism-as-a-whole has become more significant than its individual parts.

Now let me give you some examples from the realm of

clinical medicine that will illustrate more concretely what I mean.

The first principle that evolves from the discussion thus far is that the organism-as-a-whole is not merely an interesting way of expressing a biological concept. That concept has developed meaning by the accumulation of facts until its significance has become an added asset to our way of considering the sick patient. Every patient who is sick, therefore, must necessarily be sick both in mind and body. In saying this I am stating what I believe to be an absolute fact and also illustrating how our thinking has evolved from considering the individual organism as composed of two *parts* and the symptomatology as confined as a rule *either* to the soma *or* to the psyche.

As a matter of fact, until the present century there was in addition to this concept as thus stated the partially contradictory conviction that disease must necessarily always be correlated with tissue changes which, therefore, gave the somatic side of pathology—represented by the belief that disease is a reaction to tissue changes—prepotency in the medical thinking of the time. The concept of the organism-as-a-whole, however, has changed all this, from the either-or way of thinking of *parts* of the organism, to the both-and way of thinking of the organism in its different *aspects;* so that mental and physical symptoms as representing not parts of the organism, but *relations* and *aspects* and as having significant meanings, are now necessary if we would envisage all aspects of the sick individual. In other words, aspects of the organism replace parts of the organism, and relations replace organs.

This sounds quite abstruse and no doubt quite difficult, but that is my fault and not the fault of the concept, which is really quite simple if one thinks it through. Coghill expresses it in these words. Speaking of his studies, he says that they lead "inevitably to the conception that the organism is primarily a unit and that normality requires that all parts be approximately subject to the organism-as-a-whole, or conversely that the organism-as-a-whole retain its power of activating the behavior of its parts." This way of putting it really makes it very simple, especially if we

think in terms of social organization: the importance and significance of the state as an integrating mechanism, and the disruption of the state by the development of autonomous groups such as we at the present time call blocs—in legislatures, for example—the struggle between these opposing forces, and the outcome thereof.

Now you have a right to say, "If all this is true, what of it? What are we going to do about it?" Let me illustrate what I have in mind in this way: The fingers of one's hand are, speaking anatomically or physiologically, parts of the body, and as such may be dealt with medically or surgically. But let me remind you that such a method of dealing with the fingers or such a way of thinking about them may be most disastrous to the patient who has injured his fingers if by any chance he happens to be an individual who expresses his personality through his fingers as, for example, a piano virtuoso. Suppose such a person, who has spent his entire life in developing his musical ability, who has canalized the particular method of self-expression and creative thinking and feeling that is expressed by his playing, should injure his fingers. Those fingers become at once infinitely more significant than anatomical and physiological parts of the organism. They become the principal media through which the organism-as-a-whole, or, as we would be more apt to say, the personality, finds its means of expression; and if they are dealt with by the physician merely as anatomical parts without an appreciation of this wider significance, the result may be disastrous for the patient. I have seen a man practically destroyed by a surgical dressing for a fractured clavicle that confined his fingers. When it was removed, the finger joints had ankylosed and his means of expression as a musician was forever lost.

Insurance companies appreciate this difference, insuring the fingers of the great pianists for enormous amounts, and I have no doubt that all of you, too, appreciate these differences; but the vast distance that separates the capacity to recognize a truth as obvious when it is presented and the availability of that truth when it is needed in our everyday life and thinking is a matter of the utmost significance and concern.

Let me give you another illustration which I am sure you will recognize as belonging in the same category. I remember a patient who came to the hospital some years ago who believed, among other things, that there resided in his thumb a spirit—I believe he spoke of it as an angel—that controlled him. Can you imagine the tremendous significance that an injury to his thumb might have had for such a patient as compared to the significance that it would have for the average individual? To call this idea a delusion does not dispose of it. It was as much a fact as any other fact in our lives. Ideas and feelings are realities quite as truly as are buildings and chairs and cobblestones, and, when highly charged with feeling, as in this instance, are very much more potent.

You will see here that I have uncovered two aspects of the organism—the particulate and the general—in my illustration of the fingers. This way of thinking of the organism needs a little further elaboration. We frequently see cases of physical injuries or disease in which our attention is not at all attracted to the psychological side because nothing that the patient says or does seems to us to have particular significance beyond the local disorder with which at the moment we are endeavoring to deal. This is because we have been trained to look only at tissues and organs and to hear only what patients say in a very restricted sense. The organism-as-a-whole is constantly speaking to us in its own language which we are just beginning to understand. And it is the object, although not a fully conscious one, of modern tests that are being applied to the sick individual to discover the syntax and the grammar, the words and the structure, of this language.

Take, for example, a metabolism test. You know how it is applied and you know the usual instructions to the patient, who is disposed in a quiet room and instructed to relax and all that sort of thing. But how much do you know of what is really going on inside of that patient in the way of anxieties and apprehensions, fears and distorted attitudes which lie beneath the threshold of the consciousness of the patient himself and about which he could not tell you even if you asked him and he made an honest effort to reply?

I have no doubt that metabolism tests are vitiated over and over again by conditions of the organism-as-a-whole which are not apprehended and which lead to readings and conclusions that are, to say the least, exceedingly unfortunate. At best a metabolism reading is only a surface indication of what is taking place, and how much would we know of the depths of the ocean if we observed only the ripples on its surface? The organism represents millions of years of life experience, and what I take to be a real revolution in medical thought is now insisting that we should cease relying upon surface indications and attempt, at least, to plumb its depths.

An illustration in point which I have in mind is very interesting, although I cannot by any means fully interpret it. I was told on good authority, and I have reason to believe that it is probably true, that during the War—this example was given of the German Army—many of the soldiers were kept in the front-line trenches day after day in momentary expectation of attacks that never came. And in this condition of emotional, and I would add visceral tensions and secretory activities—and I am thinking particularly of the adrenal gland and the series of physiological events that flow from its functioning in accordance with Cannon's studies—the soldier, waiting for an event that did not come to pass, preparing himself to meet it when it did not happen, developed a duodenal ulcer.

Without dwelling upon this illustration, let me add that man for hundreds of thousands of years was trained by his experience to act with a spontaneity that must have resembled that of the wild animals. Civilization has changed all this. An organism built for doing things is now restrained from action. There nevertheless continues to be poured into the circulation hormones, sugars, and what not, representing all the paraphernalia that are necessary to prepare, adjust, and fortify the organism at the moment of danger and supreme effort—and then nothing happens. Here are emotional tensions because energies are not adequately discharged, resulting in disaster to the organism, upon which they are perforce compelled to expend themselves because the enemy without does not appear.

Do you not see what I mean by querying the organism-as-a-whole, by realizing that we have to know a great deal about an individual beyond what he may tell us in a few simple words, that we have to have special methods of finding out these things, and that we have to distinguish between the structure and the functions of parts and an entirely new group of concepts based upon the whole in terms of relations?

Without perhaps realizing that some of the tests that have recently been developed were calculated specifically to throw light on this general background which I have referred to as the purposes of the organism, some of the more recently developed tests really do fit into this new methodological procedure that I am advocating. All the so-called association tests, although they may not always be used for this purpose, have this as a possibility, and particularly such a test as the Rorschach test, which, roughly speaking, is given in this way: An ordinary ink blot is made on a piece of paper and the paper is folded over so as to squeeze the ink out by the pressure of the opposite page, resulting in a symmetrical blot. This is sometimes colored. The patient is then asked all of the things that this blot suggests to him—something like the old game that children used to play of trying to see figures in the clouds and in the grate fire. The results are recorded in accordance with a definite scheme.

Now such a test as this is by no means a test of vision. It is a test of personality tendencies. What does the patient see? What are the figures that the irregular blotches of ink suggest to him? Are they in motion or at rest? Are they colored or neutral? Do they undergo changes or are they relatively fixed? And a thousand other questions might be asked about them, all of which throw light upon the kind of person the patient is.

Let me refer now briefly to a problem which is as old as medicine—namely, the relation between the physician and his patient. It has been known always that this relationship is one of very great importance, but it is only in recent years that the work of the psychiatrist has given us any real concept not only of the nature of this relation, but

of its potentialities. Briefly speaking, they might be indicated in this way: From the moment of birth the child begins, of course in a very crude and inadequate and ineffective way, to build up relationships with the people immediately about him. I will not labor this point except to say what everybody knows, that the first relationship with a human being that the baby effects is with its mother. Then the immediate members of the family—father, brothers, sisters, nurse, and so forth—come in for their share. The point that I wish to make is that the nature of these first-established relations develops a pattern in accordance with which all later personal relationships tend to express themselves. But in these earlier relations the child is practically 100 per cent dependent and, being so dependent, necessarily places an enormous amount of faith and trust in those who care for him; and this faith and trust, which is based upon love, give that sense of security in which the creative forces of the organism can find their best medium for unfolding and development.

Now the relation of the sick patient to the physician comes to be an expression—many times removed, to be sure, but nevertheless an expression—of this fundamental pattern in which the child's personality has been cast in so far as relates to its feeling of dependence upon other people. You can see, therefore, that in this newly established relation of patient and physician we are dealing, not with something that came into being at the time of the first office call, but with a situation that taps the creative resources of the individual at their very source—a relationship of the profoundest significance and consequently of the greatest potency not only for good, but, let me remind you, for bad also, because wherever there is the capacity for good there necessarily lurks the possibility that the forces capable of worth-while accomplishment may be turned to opposite uses.

At their best the forces that are unleashed in this relation are credited with results that are only a little less than miraculous. We are all familiar with the disappearances of anæsthesias and paralyses of an hysterical nature that are effected through the medium of certain personalities and that are generally conceived to be adequately explained

by the use of the word "suggestion." After what I have said I hope you will realize that by calling these results the results of suggestion little more has been accomplished than to give a name to them. I have not time to discuss these matters, but will merely call them to your attention and in passing say that many of the phenomena that are alleged from time to time far exceed such modifications of hysterical behavior as I have mentioned and I believe are well worth serious investigation. The potentialities of this relationship, while I believe them to be very great, I also feel convinced remain hidden pretty successfully from our vision at the present time.

Unfortunately we not infrequently see the potentialities in the other direction. I have seen a woman who was told, I believe unnecessarily, that she was suffering from an incurable malignancy precipitated into a depression of several years' standing. I have seen, I think, people die because they were faced—I believe again unnecessarily—with the necessity of major operative procedures which they had no good reason to expect would be successful. I have seen them die also for other reasons which could be generally expressed by saying that they had come to a pass where they had nothing to live for, and therefore I believe that it is possible to have what I call a "psychological death." Certainly the power which the physician wields, and which upon occasion, when unwisely used, can have such results, must be as potent for the welfare of the patient when used creatively and directed intelligently.

A single instance will show the enormous capacity that the organism has for protecting itself, and therefore the enormous capacity upon which the physician may reasonably rely in his efforts on behalf of the patient. I am reminded of a physician who, for between fifteen and twenty years, although he confronted his own face in the looking-glass each morning when he shaved, failed to see the slowly developing signs of acromegaly, which were obvious to all his friends.

And that brings me to another point. The instance just quoted of the inability of the physician to perceive the extremely disagreeable and painful fact that his face was

slowly becoming more and more deformed is an excellent example of how the majority of people undoubtedly distort their perception and knowledge of themselves. I think it would be an illuminating experience if we would ask all of our patients a few pertinent questions about their conception of their anatomy and their physiology as it relates to the complaint for which they come to us, and particularly as it relates to a proposed operative procedure or to one that they have undergone. If we would do this, I am sure from my own experience that we would frequently find the most grotesque, bizarre, and extraordinary concepts in patients who otherwise appear to be individuals of at least average intelligence. And I would call it to your attention, apropos of the example I gave of my patient who thought he had an angel in his thumb, that it makes a tremendous lot of difference—or at least that it may make a tremendous lot of difference to a particular patient in relation to his treatment, especially if it is surgical or instrumental in any way—just how he conceives of himself in relation to these procedures and just how he thinks and feels about the disorder from which he believes himself to be suffering.

And I remind you again, because it is the very point that remains unseen by most, that these various relationships are not to be determined by the conscious answers of the patient taken at face value. They require, as I have already indicated, a special method of approach for their elucidation. Just a single example: Only recently we had a patient admitted to the hospital in a post-operative delirium in which it seemed fairly evident that the main, immediate, and etiological factor was that he feared, in going into the operation, that his virility might be damaged or destroyed. The operation was for an inguinal pus gland and his gonads were at no time threatened. He himself believed, when he got well, that a few minutes' conversation that would have set his thinking right upon this point would have saved him his psychosis and his commitment to the hospital. However that may be, I have formulated the following prohibition, which refers to instances of this kind and also to such cases as I have previously mentioned—the pianist's fingers, and so forth. My prohibition runs as follows:

> No operation of election upon an erogenous zone should ever be performed unless the patient is psychologically prepared.

The only catch in this formulation is that we do not always know what the erogenous zones of a patient are, nor their relative significance. And again I remind you that we cannot find out by asking the patient the direct question and accepting his reply at face value. Here is a field which you will at once see is both of significance and of importance and which beckons to research for further illumination. An elaboration of this prohibition I have formulated as follows. It speaks for itself and runs thus:

> An organ or a function about which the important creative aspects of the personality have been nucleated and through which they have been expressed should always be protected with the greatest care and should never be sacrificed under any circumstances, if it can possibly be avoided, for the salvaging of an organ or a function of lesser significance.

There is another field which presents fascinating possibilities and which remains largely unexplored. That is the field of anæsthesia. I shall say only a word about it, largely because I know very little about it and my experience is very limited, but I am satisfied that especially in the old days—by which I mean the days before the modern advances in anæsthesia, which are of very recent origin—there were undoubtedly psychological deaths from this source. And by that I do not mean deaths of individuals with advanced cardiopathies, for example, but deaths of individuals who presented no good organically definable reasons for dying and in whom autopsies have shown nothing tangible. I do know that there occur dream states which to those who are anæsthetized are very terrifying, and there is no question in my mind that extreme degrees of fear, especially if they are prolonged, constitute a real danger to the life of the organism. Here is another field of research, but one that is to some extent being rendered less necessary by some of the modern developments.

In closing let me still further emphasize the enormous sig-

nificance to the patient of the physician. If you will read the pharmacopeia you will find that for each drug there is a list of diseases which it affects favorably, and these lists, I think, if you have not read this material lately, will on the whole surprise you.

Take, for example, a disease like epilepsy. I am quite sure you will find that practically every drug in the pharmacopeia at some time or other has cured epilepsy. This multipotentiality of drugs, this catholicity, one might say, of their curative effects, their potency in some hands and their lack of potency in others, all go to indicate something that we have known for a long time, but that I will formulate in this way: Every therapeutic procedure is administered by a personality. And having said that, I need only to refer to what I have already said about the relation of patient and physician to bring home to you the profundity of possibilities that such a conviction represents.

I have dilated upon the relation of physician and patient and upon therapeutic procedures in relation to the personality. It is necessary to take one further step and to say just a few words about the concept of disease. Up to the present century disease was pretty generally conceived of as something that afflicted the organism, something that was looked upon as coming from without and that was destructive in its tendencies. This feeling, it is needless to say, was very greatly enhanced and emphasized by the germ theory of disease. At the present time, however, disease is not thought of quite so simply or concretely as this. It is not looked upon at all as an invasion from without and nothing more; nor, so far as our knowledge goes, as necessarily a tissue reaction. Disease as we see it, for the most part at least—or, let us say, barring accidents—is a function not alone of something that invades the organism; it is a function of the organism, frequently spoken of as the soil, as much as of the invading microörganism, for instance. But in many instances infection, if it occurs, is a secondary or late product in the history of disease; and if we do not take a foreshortened view of what disease may be and will study our patient as an organism functioning in a certain situation, usually referred to as its

setting, then we can realize that disease is a function of the total situation, including the setting. In this way it has become the fashion of late to examine into the personal environment of the patient—his relation to the various members of his family, to his friends and business acquaintances, to his business; his likes and dislikes; his activities; his amusements; and all the rest of the complicated milieu of which he is but a small part. And when we have done this, we frequently discover that we see him in an entirely different light. In fact we may begin to understand him where before he was a complete mystery.

And thus is the practice of the medical art gradually taking unto itself the assistance of more and more sciences, now especially the psychological and the sociological sciences. And if this makes for a complication that appalls you, remember that always, in the course of scientific progress, laws are finally discovered that simplify what at first was bewildering and confusing. But in any event this advance from the known into the unknown, with all the assets and the liabilities that it carries with it, is at once both the privilege of and the price that we pay for civilization.

THE MENTAL-HYGIENE IMPLICATIONS IN SUBSTITUTE PARENTAL CARE *

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FROM whatever angle we make our approach in the child-welfare field, our goal remains the same—the freeing of the child from hampering or retarding factors within himself or in his environment, so that he may develop to the maximum his given capacity for happiness and his contribution to the social welfare of his group. It falls upon us to guide, treat, or educate him (depending on our special service and ability) so that he may grow to adult years well rounded in personality, unwarped and undistorted by the misadventures of life.

The mental-hygiene implications of substitute parental care are the same as in actual parental care. The needs, however, are often intensified and harder to provide because of the child's early experiences and the limitations of his present circumstances. The children we see in the agencies for foster or institutional care have in their short lives already met a high number of hazards to good social adjustment. The fact that our care is sought indicates that in some way their right to the security of their own homes has been lost to them.

Perhaps this loss is only temporary, the result of illness or sudden emergency, and the home can be securely rebuilt. More often the breakdown we have to reckon with is more permanent. The death of one or both parents or their failure to give needed protection, because of social or financial incompetence or wilful neglect, involves the children in situations of great risk to their mental health.

One of the persistently startling things that we find in the backgrounds of these children is the moral casualness of many parents and its resultant effect on little children. We

* Read at a meeting of the Child Welfare Sub-Council of the Council of Social Agencies, Springfield, Massachusetts, March, 1935.

see parents sincerely concerned over the delinquent trends of the child, while at the same time they are carrying on illegal sales of liquor in the home. Some years ago one of the older boys told us of the years during which his family obtained weekly help from the city which the father used to make payments on two houses that he was buying. The children were party to this scheme.

Only recently a little girl of four brought to us by an agent of the Humane Society was observed at play with a boy a year younger, teaching him a game she called "When the Cops Get Your Mother." She left out no essential step in the conduct that led up to the dramatic arrival of the "cops" and the mother's removal from home. The blow to her security in the loss of her mother's love and care was a serious experience. She is too young as yet to see the significance of the mother's conduct, but later she will have to evaluate it in the light of other standards of social behavior. The confusion and breaking down of loyalties involved in such experiences are difficult to overcome.

In any child-care agency, whether it uses foster homes or institutional placement, we see children of the same types with the same fundamental needs. These must be recognized and understood if we are to help the child. We must know how he has felt about the experiences he has met in life, for it is his attitude to the experience rather than the experience itself that does the harm—"We need to know whom the child has loved and hated rather than the kind of house he has lived in."[1]

We all know the child who is filled with misunderstanding and resentment toward a world that has failed him. We see the child who has lost faith in his environment and has no loyalties to give meaning to life. We know the havoc wrought by the sense of being unloved and unwanted or by feelings of inadequacy. We know also the child who is unable to face life and who devises devious ways of dodging it. There is a large group made up of those who are trying to fill the gaps in their meager lives and to find pleasure and happiness in the thrills of delinquency. All these children demand our best in understanding and skill if we are to help them.

[1] Dr. Samuel W. Hartwell, in *Fifty-five Bad Boys*. New York: A. Knopf, 1931.

In dealing with the dependent, neglected, or delinquent child outside of his home, we need a freedom of choice as to what parent substitute shall be used. When this freedom is possible, we can individualize and find the type of substitute that best serves the child's requirements. This may be done through coöperative interplay in a community, using all existing facilities, or it may be done through departments in one organization.

At the Children's Community Center in New Haven we may, within the organization, use institutional care or a foster home for a child, depending upon his needs as we see them after conference. For instance, Johnny came to us at the age of thirteen. He had been in juvenile court for truancy and stealing, a high-strung, headstrong child, adept in the street-trade rackets and a member of a bad neighborhood gang.

He came from an Italian home where he felt himself unwanted and where he had worked himself into open warfare with his step-father. John's intelligence was high, yet he was fooling away his high-school opportunity. He was unusually well read and informed on public affairs and liked nothing better than a stimulating battle of wits.

He was admitted to the Center for institutional care until we could learn something of him. Being mature, strong, and alert, he promptly became the leader of a gang which developed on the grounds and drew to himself an intensely loyal following.

The fact that our recreation man could lead him and his gang was the only thing that saved us from general depredations. Even so we had many stormy episodes, for Johnny had an explosive South Italian make-up and if he called for a knife, his followers could always produce one. There were several outbursts of truancy through the months, but real headway was made in his general attitudes to life. He accepted the director as his adult ideal and the recreation man as his "pal," persons in whom he could place faith and for whose esteem he was willing to work. With this came a return of interest in his family and school and an intermittent striving for his expressed goal—education that he might become a lawyer.

After five months we felt we had given him all we could in group living and decided to choose an individualized environment for him. A conference on his needs set up the following requirements for choice of a foster home: The foster mother should appeal to him as an intelligent woman to whom he could show courtesy and deference, as we early learned that he had a ready and wholesome response to young adult women. The foster father should be interested in public affairs, willing to talk, to philosophize, and to let Johnny talk. He should be a strong masculine personality to whom Johnny could tie as he transferred his loyalties from the two men whom he had already accepted as vital persons in his life.

There should be a little child in the home, as Johnny had a quick and tender outgoing of affection for little children. He had shown consistent interest in and affection for the little child of his cottage mother. He should be in a setting that would give him the security of being loved and wanted, but one that would challenge his intellect.

We found for him a home with a couple in their early thirties. They were interested in boys, but had none of their own, only a baby girl. The foster mother was nice looking, well read, a tremendous talker. The father was a strong person who fully appreciated John's intellect and sense of humor. John was given a room of his own and an unquestioned place for his possessions. The father had a vegetable truck which our boy could drive in the summer. On Saturdays he returned to the Center to work in order to keep some contact with his old friends.

He made a ready adjustment. Though a finicky eater at the Center, he gained six pounds in a month. He played pinochle with the foster father and always lost, so John taught him poker and always won. He learned much of self-control and responsibility. However, after six months his interest began to wane; there was not sufficient stimulation to hold him. Truanting and impudence at high school began again. After struggling with it through the fall months, the principal threw up his hands and demanded commitment to a correctional school.

We asked for and got one more chance for John. He was to return to the Center pending a new plan. He was to attend

school, but at the first slip the school was to take such action as they thought best and we agreed to keep our hands off. This was carefully explained to John by the director, to whom he still showed a real response. The boy agreed to it and wanted the opportunity to make good. He stuck to it for about six weeks and completed the term in good standing. At the Center he gave little trouble, though it was obvious that he was holding hard to keep the lid down and it was plain, too, that our program, set up for younger children, had little that could hold him long.

After considerable planning with him by the social worker, the recreation man, and the director, he went to visit the Connecticut Junior Republic and returned asking to be admitted there. It was felt that the formal, semi-political aspect of the set-up would be a distinct asset for him. He would also get further chance for school advancement and, being among the youngest rather than the oldest, as with us, he might learn to follow rather than lead. We also felt that his abilities were such that he would be able to stand out in the group sufficiently to feed his strong urge for recognition and argumentation.

Thus far in his stay at the school he has justified our expectations and seems, after several months, to have settled into a satisfying niche. All through the social treatment, we have tried to modify the environment, as well as Johnny, not asking that he make all the adaptations. This we could not have done without the possibilities of choice in placement.

A small institution used as a study home with an allied out-placing department offers an opportunity for much fine interplay. We use the group at one moment and an individual home the next. Corners of personality may be rubbed down in the group and social abilities drawn out in preparation for community living, either on return home or in a foster home as a transitory or permanent plan.

A short stay in the group may clearly reveal the need of making an early move to a private home—and may also be a means of changing attitudes on the part of the parents, which must be accomplished if the case-work plan is to be a success.

We are working out a situation of that sort at the present

time. Last fall a widower of about forty asked care for his three boys. The mother had died a year before, after a year or two of ill health. The father now felt unable to hold the home together. The case material, as gathered by the social worker, gives a clear picture of a slow disintegration going on within this family group, yet it also shows many assets in the various personalities involved. The mother had been the strength of the home, a good homemaker, holding the children's loyalty for the parents in the face of considerable unhappiness and suffering caused by the father's intermittent drinking. The father gives one the feeling of not having lived up to his potential capabilities. He is one of a thrifty Danish family, the only son to come to the United States and ashamed of the poor showing he has made, though he has been a steady worker. He says that if all other plans fail, he can return his children to his mother in Denmark, but he would never allow her to come here, for he does not wish her to know the level at which he lives.

There is a seventeen-year-old daughter who cared for the home for a while after the mother's death, but who now is living at a neighbor's where she works for her board and attends high school. She left home because of advances made to her by the father. During the period of unhappiness and anxiety after his wife's death, his drinking increased, and it was while intoxicated that he showed this unwarranted interest in Elsa. He is well aware that he has been looked at askance by the maternal relatives and neighbors because of his behavior. His appearance has reflected his feelings of failure and worthlessness.

The children are all unusually fine-looking, well-developed youngsters with good intellectual equipment, but all show trends of personality which, if left unguided, are bound to hamper their adjustment in later years.

Elsa is torn between loyalty to the father whom she wants to love and to have love her and her revolt at his behavior. She is devoted and would like to make a home for the little brothers, yet she fears to return and also wants to lead her life and go on to marriage and the establishment of her own family.

Jimmy, now eleven, is sensitive to the whole situation. He

resents the loss of his mother and the break in the home. He feels less loved by the father than his charming little brothers who readily draw attention to themselves. He probably knows of the neighborhood gossip regarding his father and sister. If he does not, then he must be equally confused by the behavior of the sister who loved him and who could have shared responsibility with him, but who left him to shoulder it alone for some months before they came to us. He resents the group life—too many adults, too many children, too much interference with his things—and he finds it hard to accept the necessary give and take.

The two little ones, three and a half and four and a half, are devoted to the father, who has been the mothering parent to them. In their eyes he can do no wrong. After a short stay with us, we felt that they should be in a family group with a strong, loving woman who could give them some security and a chance to put out roots again, a home in which the father might be a welcome visitor and in which he, too, would get some mothering.

It has been hard to work this out. The father seems to feel his inadequacies particularly when faced with plans presented by the social worker. He knows the Center and as yet a foster home presents uncertainties for him and he does not want to make the change. We are trying slowly to show him the advantages of such a placement. Meanwhile we have done all that we can to raise his confidence in himself. He has been a welcome visitor in the cottage group. At Thanksgiving and Christmas and on birthdays he has been invited to dinner with the children. One of the older cottage staff members has done more for this man than we could have hoped, just by her love for his children and her faith that he will live up to his best because of them. The first difficult meeting of Elsa and her father took place in the cottage, backed by the security of this woman's presence. If the foster-home plan can be sold to this man, it will be through the persistence and interest of this cottage mother. It is the social worker, however, who in all probability will be able to mean most to Elsa and Jimmy, and she is working closely with them. This assignment of responsibility was made after discussion at staff meeting.

It is in this opportunity to establish vital relationships with one person or another on a staff that the small institution finds its greatest strength. We feel that unless the child does find some one he can go out to and accept in his life, there is little we can do for him other than give him physical care. On the other hand, if he makes real ties, they help to reëstablish his faith, shaken by past experiences in which loved persons failed him for one reason or another. Seldom do these new relationships result in too great dependence. After the child has taken on one loyalty, he readily admits others, and we often find even those to whom he has been openly hostile accepted in the wake of the first truly vital person.

It is important that all the staff, both house and social service, appreciate this; otherwise open or disguised jealousies would quickly appear to hamper progress. That one succeeds in winning rapport where another fails should never be an affront to self-esteem. We welcome this outgoing on the part of the child as the letting down of barriers which will mean that now we also may become factors in his life. Once we have come to mean something to the child, our leadership, our discipline, and our punishments become purposeful and effective.

Not long ago we took in from the juvenile court a boy of sixteen years. Placement at the Center was a last chance given by the court before commitment to a correctional school. The boy had a long history of unhappiness and misunderstanding with his father, of petty restrictions and open conflict. His gang life had been rich in thrills—drinking, lifting of autos, and evading of the police.

He came in, a tall, pale, subservient, and unresponsive boy. He was the first new big boy to be admitted to the group after a general change in staff and the arrival of a new cottage mother. Because of this, routines were somewhat uncertain and the answers to many questions were not at her tongue's end. Joe was completely won by this cottage mother's frank admission that she was almost as new as he and that they would have to work it out together. From the first he has always given her ready support, though he has tried resistance and arrogance on the others of his cottage group.

Almost at once he made a great gain in physical condition,

with a consequent improvement in appearance. His arrogance and cockiness increased as he felt out the new environment to see how far he could go. During this time the recreation man had been slowly working toward a close personal contact with him with a view to ultimate leadership.

Joe shortly reached an impasse with one of the young cottage staff who, after a scene in the dining room, asked him to leave the table. He left, boiling with wrath, and went to the recreation man's room to let off steam. Here he became so abusive and outrageous in his talk that finally it was thought well to call a halt and the recreation man struck him, to the boy's complete surprise. A long talk followed, in which our purpose of helping him to control and make the most of himself was elaborated. After this the responsibility of the cottage parents and the difficulty of their job was discussed. The aim was to give him a man-to-man view of the Center's efforts in regard to children and some of the techniques necessary to bring about a reasonable degree of social conformity for the good of the individual and the group. The session ended with no apparent resentment and an air of friendly understanding. It was interesting that Joe accepted this as between themselves, for he made no effort, as some boys would have, to carry it on to the director, though the approach to him is always made easy.

From this point the relationship between Joe and the recreation man has become more vital. Joe openly expressed to his social worker appreciation of the man's skill in overcoming him, adding with a grin, "And, boy, did I have it coming to me!" He is following the direct leadership of this man, and is even patterning on him; for instance, he has given up cigarettes and taken to pipe-smoking. He has asked to be reëntered in high school, though he long refused to go, and is doing well. He has a small paying job at which he works regularly. His arrogance and defiance with the younger cottage staff have disappeared.

This sudden change in behavior is, of course, on a superficial level as yet, and explosions are bound to come and should, yet it indicates quite clearly how the warmth of response to Joe by the various staff members will be a potent factor in his reëducation.

Without this vital contact, we may expect little headway. Only recently we were discussing at staff meeting a boy of twelve who has been at the Center nearly a year. He came in as a delinquent, involved in lying, stealing, and street mischief. He now conforms to our group life in a reasonably satisfactory way, but only because he has to, not from any change of attitude on his part. He gets into less mischief than before because the staff members are generally one step ahead of him, though at intervals he spurts ahead and then follows a series of depredations and consequent punishment. We feel that this boy, if returned to his old neighborhood, would at once take on the old coloring.

As we talked Tom over, we realized that no one of us has reached him. He has never lowered his barriers and we do not know why. He is a stocky child, who draws the nickname "Fat," who antagonizes the other children and often the adults by an intensive minding of other people's business. Usually he gives a smoothly courteous rejoinder, though he can become a vociferous obstructionist on little provocation. He does not openly crave affection as so many of our children do, though one wonders if he is concealing a deep-felt need. Occasionally we see this noisy, irritating youngster in the group, yet detached, with a fleeting hurt or puzzled look on his face.

The result of our conference was a taking of stock and a determination among ourselves to try to find a way by which some one person can come to mean something to this boy. It may be the director, the recreation man, the cottage mother, or the social worker. Until we do find such a person, he will conform because he cannot help himself, rather than because of a desire on his part to live up to newly accepted standards which have developed through a vital relationship to another personality.

Where we have the close coöperation of house staff, and medical and social-service departments, we may expect in one group or another to find the personality that best suits the needs of the individual child.

We try to remain entirely flexible in our dealing with these children. Our decisions as to change of responsibility are based on the natural growth of relationships. As we see one

person gaining rapport, the rest may withdraw somewhat and work out plans through that one person. This may be decided in informal conference with the social worker or at house meeting or full staff meeting.

The same is true in choosing the type of placement to be used for the child. A discussion of change in plan may be initiated by the director, the case-work supervisor, the institution supervisor, or the medical department. Through this ready interchange and pooling of information, we try to keep the changing needs of the child constantly in view.

In some of our foster-home placements, we have even put in months of work preparing the child to accept the home. It may be a long piece of education to give to the child some concept of what "foster home" means. With two most difficult adolescent girls, we arranged casual visits to foster homes while the social worker went on errands. Later the girls were invited for Saturdays and week-ends and out of this acquaintance grew friendship, which justified, in each case, the inviting of the girl to come and live as a member of the family group. In one instance the plan worked so smoothly that the girl returned from her week-end and asked her social worker, as a special favor, if she would get permission for her to go and live in this home.

If we are to help a child to understand himself, we must know his life relationships past and present. We must teach him not only the hygiene of his body, but that of his mind as well. He should have knowledge and control of his emotions, should know why he loves, hates, and fears and what to do about it.

He must gain self-confidence if he is to grow into a mature, independent person. This will come through opportunities for loving and being loved, through feeling important and being wanted. These children who come to us from meager and broken homes seem to have an unlimited need of expressed affection to give them any semblance of security in life. It has been surprising how far the sincere affection of the staff may be spread. Here apparently the more truly understanding they are of the great need of these children for affection, the more of it they have to give.

The child must early learn the limitations within himself

and in his environment and be able to face them and make the necessary adaptations. Learning to face the consequences of one's acts in little things is one of life's important lessons. A few nights ago a thirteen-year-old boy wanted to run away; in fact he was dressed and ready to go, because he had been in a fight and was afraid to take the reprimand that unsupervised brawling ordinarily calls forth. We spent much time trying to make him see that if he had the nerve to fight, he should develop sufficient nerve to see things through and take what was due him. This particular boy is finding it hard to meet any difficult situation that arises; his first response is always one of retreat. If he is to make a go of it, he must learn to stand up and take things as they come.

Once the child has given us his trust and loyalty, we are bound to keep faith with him, for if we fail him at his first overtures, it may do serious harm. Explanations to the child of moves to be made and reasons for them are certainly his due and often they are a great help. Even if the thing that has to be done is hard, the fact that some one who cared tried to explain it may count for much more than we can know.

Each step we take should be understood by the child. He must be prepared for admission to the institution, for transfer to foster home or to own home. We try to have the person in closest contact explain the developments in case-work plan as they come up. Also we try to give the child time to adjust to the change. The same thing is true with past experience and present conflict. The person most vital to the child is the one who talks things out with him.

Much of our psychiatric work is carried out in this way. The psychiatrist from the Institute of Human Relations, who gives us part-time service, is in close touch with our staff. She attends our regular group discussions. One week she meets with the full staff—director, social workers, house staff, and medical department; the alternate week she meets with the institution supervisor and the house staff.

At the staff meeting the social worker presents the salient factors in the case material that have bearing on the child's present situation. The physicians give their findings and suggestions, and the house staff outlines the child's adjustment to the group. The psychiatrist adds to the discussion

and makes suggestions as to further study and ways of handling the particular girl or boy. Radical changes in plan are decided upon at this meeting and with her advice.

The house meeting deals with more specific details of behavior. If presenting marked difficulty, a child may be reported on week after week. The results of various methods of handling certain episodes may be studied and much learned from changes in technique.

Although both meetings have an educational value, the major purpose of the house meeting is that of training the house staff members to use their vital contacts with the child in the most advantageous way possible.

Besides meeting with the staff, the psychiatrist sees certain children, both in the institution and in foster homes, carries on direct therapy with them herself, or guides their treatment through the naturally gained rapport of the staff worker.

In a small institution, well staffed, or in a social-service department with understanding workers and well chosen foster mothers, this technique is frequently more effective than therapuetic visits to a clinic, where it is difficult for the child to feel at ease and where the opportunities for close contact even at best are limited.

Adequately to work out treatment in this way, we must of necessity have a high level of intellect and skill on the part of the personnel. This can come only through most careful selection and continued staff training.

Child care, whether in substitute parental rôle or as parents, demands of us great insight into the needs of childhood, sensitivity to the differences and potentialities of human material, and a limitless sense of humor and patience.

FOUR YEARS OF STUDENT MENTAL-HYGIENE WORK AT THE UNIVERSITY OF MICHIGAN *

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THE need of work along mental-hygiene lines in colleges and universities has, in recent years, received abundant comment and discussion. This being the case, it was felt that there might be a place for a report of the actual practical operation, over a continuous period of four years, of a full-time, professionally directed mental-hygiene unit serving a large Midwest university, of an average enrollment during that period of approximately 11,000 students.

Service in mental hygiene at the University of Michigan, it might be mentioned in passing, has had a slow, but progressive and solid growth. Beginning with the reference of especially overt or striking cases to the state psychopathic and the university hospitals, such attention became steadily more emphasized and sought, particularly after the establishment of the health service in 1913. In 1927, a part-time psychiatric social worker was attached to the staff of that organization, and the next spring, arrangements were made for the services of a psychiatrist, who gave several evenings per week. Finally, in 1930, because of the greatly increased volume of the work, a full-time unit was established as an integral part of the university health service. This unit included a full-time psychiatrist, a part-time psychiatrist who gave some six hours per week, and two full-time psychiatric social workers, a man and a woman, both highly trained and of exceptional experience. There were also a full-time secretary or office manager and, at first on a voluntary basis, a junior half-time woman worker who came for further train-

* Read, in somewhat abridged form, at The Fifteenth Annual Meeting of The American Student Health Association, New York City, December 28, 1934. Grateful acknowledgment is herewith made to staff associates for the assistance that made possible this study.

ing. Since then the staff personnel has remained the same save for the addition, two years ago, of another half-time junior woman worker.

During the first year on the full-time basis (1930–31), 576 individual cases were seen. From our experience this would seem, to say the very least, definitely to represent the absolute maximum optimal load for a staff such as ours. Since then the work has rapidly grown, being limited at present only by the physical resources of the staff. During the past year (1934) there were 856 cases. This, it should be noted, is a decided overload and a jeopardy to really effective work.

During the four-year period of the unit's existence, a total of 2,301 individual students have received attention. For this 42,435 interviews were required, with an average of 8.4 per case with the student, and 9.9 concerning the student with other individuals involved, such as friends, faculty, administrators, landladies, physicians, parents, and so forth. These latter contacts, it should be emphasized, adjustment situations being social situations, are just as important and often just as time-consuming as interviews with the student patients themselves. Of some interest in this connection, too, is the fact that while of course all contacts are voluntary, the percentage of cases that came of their own accord gradually increased from 24 per cent in 1930–31 to 44 per cent in 1933–34.

The general procedure followed by the unit, as gradually developed, is as follows: During the general physical examination in the fall, all new students are seen briefly, so that those more immediately in need of attention may be noted and arrangements made for such attention, either through direct appointment or by reference through the health service medical staff. From this point the actual clinical work of the department proceeds. In the absence of special circumstances, appointments are made through the secretary with one of the psychiatric social workers—the men being referred to the man and the women to the woman worker. After preliminary contact with the social worker for purposes of history taking and the establishment of the situation—and also in most instances the beginning of treatment, especially in the case of the simpler problems—appointment is made with

one of the psychiatrists. He investigates the situation further and, if the case is of complicated or major type, he carries it on, assisted in various ways by the psychiatric workers. Situations of the simpler types are turned back to the workers for care and follow-up, under the close direction, of course, of the psychiatrist and in all cases with numerous conferences between him and the worker. Throughout, it should be noted, every effort is made in our procedure to stress as adequately and humanly as possible the principles of social case-work, into which the psychiatric approach has been integrated. Conversely, with respect to the psychiatric aspect, every effort has been made to avoid a type of functioning in any sense separative, impersonal, and narrowly or academically professional.

At this juncture it may be stated that we are fortunate in having as workers persons who not only are trained psychiatric social workers, but are competent in clinical psychology as well. These workers have come to play a most important rôle in the general functioning of the department. Through growing experience and the additional experience of working very closely in conjunction with the psychiatrists, they have come to be able, with a certain supervision, to handle a large part of the work very adequately and effectively. Also, as noted, they are of invaluable assistance in situations handled directly by the psychiatrist in the matter of social contacts, inquiries, and such special arrangements as circumstances may indicate. In this way it has been possible to operate a really very sizeable service adequately with only one and a fraction psychiatrists. Aside from its importance from the standpoint of cost, this use of lay workers, with arrangement for special psychiatric consultation as needed, suggests itself as an effective solution for smaller institutions. Of course the crux here is the quality and training of the lay worker; nevertheless we feel the principle involved to be a really valid one.

After the presenting situation has been established, the student is seen as often as indicated and as time permits, personal contacts ranging from one to thirty or more per year. The initial contacts take about an hour, sometimes more, with the subsequent contacts often rather less time-

consuming. Cases are continued in school only so long as circumstances indicate such procedure to be a constructive one.

Further, it should be noted, a very close contact is maintained throughout with the medical members of the health-service staff, and the work is carried out as far as possible on a concerted and reciprocal consultation basis. In addition, the opportunity available for the accommodation of bed patients in the health-service infirmary, with its very complete medical facilities, supplemented by those of the university hospital, has proven of truly inestimable value. Here it should be observed also that close coöperative contact is kept up with all other student-service agents, such as the deans of men and women and other administrators and the various special advisers and adviser groups. Considerable development in this respect has taken place at Michigan in recent years, and it has been the constant aim of the unit to render its integration into the total welfare structure as complete, as non-duplicative, and as useful as possible. This, naturally, we feel to be the ideal functional solution.

As the concrete basis for this report, to give it as direct and practical a meaning as possible, it seemed best to present our findings and experience with the class of 1934, which entered the university at the same time that the mental-hygiene unit was set up on the full-time basis just described, and completed its course in the year that also marked the completion of our fourth consecutive year of functioning. This class, for one thing, represents a complete whole in itself and, further, a whole with which we were in contact during the entire period of the conventional college span. It should, therefore, better than other groups or group combinations, afford a perspective on the problems that arise in the college situation and the possibilities and results of treatment.

Of the class of 1934, we had as patients 526 individual students, 411 men and 115 women, or three and one-half times as many men as women. This proportion is somewhat higher than for the total enrollment of that year, this latter ratio having been 2.4 to 1. It is also higher than that of the total group of 2,301 with which we have had experience, in which the proportion was exactly 2 to 1.

Of these 526 students, 77.9 per cent were referred by members of the health-service staff and 12.8 per cent were self-referred. The remainder (9.1 per cent) came through various outside sources—administrators, faculty advisers, heads of houses, friends, parents, and so on. The age range for this group, when first seen, was from sixteen to thirty-two years, the average being 20.3 years (median 20.4). Further, 11 of the series were married and two divorced.

As to representation in the various colleges of the university, those of liberal arts and engineering were outstanding, with 57 per cent and 22 per cent respectively. The law school came next with 21 students; then medicine and architecture with 20 each; and in progressively smaller numbers, education, music, dentistry, business administration, pharmacy, and forestry.

From the standpoint of physical status at entrance, 77.8 per cent were rated as excellent or satisfactory—that is, in a practical sense, unhandicapped. For the balance, there was indication, in various respects and degrees, of significant handicaps or vulnerabilities, classifiable as follows:

Handicapping factor	*Number of cases*
Visual defect	28
Underweight	21
Gynecologic disturbance	13
Tonsillar pathology	9
Asthenic functional status	9
Overweight	8
Cardiac dysfunction	8
Pulmonary pathology (including old tuberculosis)	6
Auditory defect	5
Special endocrine dyscrasias	5
Allergic disturbance (including asthma)	4
Epilepsy	4
Rhinologic disease	3
Anæmia	3
Thyroid dysfunction	3
Post-encephalitic states	3
Residuals of poliomyelitis	2
Post-traumatic defects	2
Scoliosis	1
Otologic disease	1
Hydrocele	1
Migraine	1
Amputation of legs (tubercular osteomyelitis)	1

Comparison here with the average for the total classes of 1936, '37, and '38, rated on an improved scale in accordance with which ratings for our material were revised, may be of interest. On this basis it would seem that in our specific group there was a rather higher incidence of significant somatic handicaps than for the three classes as a whole—22.2 per cent as compared to 13.3 per cent. This, naturally, is quite understandable.

In the matter of scholastic aptitude, it would seem, from the scores of those who took the aptitude tests [1] given by the university (psychologic, Iowa mathematics, Iowa English), that while there was perhaps slight weighting upon the two higher quartiles, the general distribution, which is given below, appeared to approximate quite closely that of the class as a whole:

Psychological Test

First quartile	23.1 per cent
Second quartile	25.7 per cent
Third quartile	24.0 per cent
Fourth quartile	27.3 per cent

Iowa Mathematics Test

First quartile	17.9 per cent
Second quartile	24.5 per cent
Third quartile	29.2 per cent
Fourth quartile	28.2 per cent

Iowa English Test

First quartile	31.6 per cent
Second quartile	17.4 per cent
Third quartile	25.9 per cent
Fourth quartile	25.0 per cent

In this connection, further, it may be of interest that from the impression gained at the time of the general physical examination at entrance,[2] 52 per cent of our cases were felt to be somewhat questionable in respect to level and stability of actual personality integration and balance. That is, they seemed to us individuals for whom adequate adaptation to

[1] Taken by only 40.1 per cent of our group. Accordingly, there is decided question as to how full the implication of these particular findings may be taken to be. Still, in association with other findings, they may perhaps be regarded as of some significance practically.

[2] Two hundred and sixteen received no rating, having been missed at the fall examination or having entered the university at odd times.

the university experience might prove a definite strain and possibly give rise to difficulty. This, as might be expected, was a rather higher proportion than for the class as a whole, for which this questionable or "vulnerable" percentage was 39.

Of interest at this point would seem the duration of contact between the group and the mental-hygiene unit. This may be summarized as follows:

Seen first year	32.9 per cent
Seen second year	25.9 per cent
Seen third year	23.7 per cent
Seen fourth year	17.3 per cent
Contact maintained one year	76.3 per cent
Contact maintained two years	14.3 per cent
Contact maintained three years	6.9 per cent
Contact maintained four years	2.1 per cent

From the above, other things being equal, it would appear that for the college group, at any rate, extremely prolonged contact is not necessary in the majority of cases.

As to actual diagnoses, the following distribution was found to obtain:

Diagnosis	*Number of cases*	*Per cent of group*
Schizophrenia	3	....
Manic-depressive psychoses	6	....
Toxic states	2	....
Total psychotic situations	11	2.0
Miscellaneous organic central-nervous-system conditions and special defects (including epilepsy, post-traumatic states, encephalitis, ties, and speech defects)	19	3.6
Reactionary depression	53	10.0
Psychoneuroses and psychoneurotic reactions	196	37.2
Psychopathic personality	11	2.0
Adjustment problems of non-clinical type	236	44.8
Total	526	100.0

These findings are particularly significant in disclosing the relatively small, but exceedingly important fraction of major conditions which should be detected and given appropriate attention early. They are significant also in indicating the really large number of simple maladjustment situations,

causative, often, of considerable distress and disability at the time and potentially capable of a permanently handicapping effect, but not severe on the basis of actual pathology and by that token hopeful and very worth while from the point of view of treatment.

Of the total number of cases, it is worthy of remark that 21.8 per cent were frankly acute and of a more or less urgent nature, requiring intensive attention at once instead of later when it might have been more convenient in view of the existing docket. Among these cases, too, there were 32 (6 per cent) in which the question of suicide was definitely present. Here it is of significance that in none of these cases did suicide actually occur, save in one instance which did not come to attention until after the attempt, too late for remedial measures. From this, as well as from our general experience, it appears definitely that, other things being equal, if adequate attention is given sufficiently promptly, untoward issues need not be anticipated in suicidal states, at least those characteristic of a series such as ours.

Factors, subjective and objective, deemed to be of primary precipitating force in the various presenting situations have been listed on pages 226–27.[1] Of course, the full validity of such a listing, in an absolute or academic sense, may be open to question since it is perforce somewhat empirical, overlapping, and superficial. It is, moreover, admittedly difficult, instruments of precision being lacking, to particulate exactly and correctly any human field of force. Still, such an evaluation by an experienced group may be regarded as at least practically and grossly significant, which is quite sufficient for our purpose here. Further, such procedure puts into terms of plain, everyday usage what, technically expressed, might be rather obscure. At any rate, the listing seemed very well worth while as shedding light upon the personal and social elements involved, and as giving some idea of what situations may come to represent problems for college students—problems that are, for the time being at any event, of a handicapping, frequently an extremely handicap-

[1] Not including 68 cases for which it was felt that sufficient data were not available; also not including as factors the influence of definite psychotic processes, frankly clinical psychoneurotic mechanisms, and actual organic neuropathologic states.

ping nature. Naturally in no case was just one factor involved. Rather, as in all biologic situations, the problem was polyfactoral, with often a half-dozen primary factors and in addition ten or more secondary factors. Findings with regard to the latter are also indicated (pages 227–28). It should be realized also that, whatever the presenting irritating experience, in our series at least, this must be taken as impinging in many instances upon an organism *per se* especially sensitive, unstable, and immature and, in that sense, vulnerable.

FACTORS IN THE PROBLEMS OF STUDENTS TREATED BY MENTAL-HYGIENE UNIT OF STUDENT HEALTH SERVICE

Primary factors	*Per cent of cases*
1. Pronounced tendency to excitability and tensional response	40.3
2. Worry over school work	40.1
3. Poor orientation to university as part of life situation	33.4
4. Instability and overimpulsiveness	31.8
5. Actual physical disturbance and residual states	29.4
6. Oversensitivity	23.3
7. Immaturity	20.5
8. Stress of transition to university environment from relatively simpler setting	17.4
9. Poor dependability, lack of regularization, poor self-discipline	17.0
10. Poor scholastic achievement	16.5
11. Fatigue	15.9
12. Worry regarding possibility of disease	15.2
13. General problem of sex adjustment	14.3
14. Marked feelings of inferiority	14.1
15. Poor physical hygiene, including overuse of tobacco and alcohol	12.6
16. Worry over examinations	9.1
17. Marked introvert or schizoid tendency	8.2
18. Poor methods of study	7.8
19. Vocational anxieties	7.6
20. Financial difficulties	7.4
21. Inadequacy, overdependency, and oversuggestibility	7.2
22. Poor socialization	7.2
23. Egocentricity; tendency to negative defense reactions	6.7
24. Love affairs	5.6
25. Worry relative to physical condition	5.5
26. Overtimidity	5.2
27. Relatively inferior intelligence	5.0
28. Pressure of outside work	5.0
29. Inadequate recreational outlets	4.1
30. Special disturbing family influences (as illness, conflict between family members, etc.)	3.7
31. Academic overload	3.6

Primary factors	*Per cent of cases*
32. Specific misconduct, including disciplinary situations*	3.2
33. Fear as to future	3.0
34. Marital problems	2.1
35. Homesickness	1.9
36. Conflicts with family	1.9
37. Poor general family background	1.7
38. Poor home training	1.3
39. Pressure of extracurricular activity	1.3
40. Unfavorable heredity	1.0
41. Special shocks	1.0
42. Fraternity and sorority problems	0.8

Secondary factors	
1. Immaturity	56.7
2. Inadequacy, overdependency, and oversuggestibility	43.8
3. Oversensitivity	43.4
4. Instability and overimpulsiveness	39.3
5. Marked feelings of inferiority	37.5
6. Pronounced tendency to excitability and tensional response	36.4
7. Poor socialization	29.0
8. Poor orientation to university as part of life situation	22.4
9. Poor general family background	22.2
10. Worry over school work	19.1
11. Poor habits of living, including overuse of tobacco and alcohol	16.8
12. Inadequate recreational outlets	16.8
13. Poor dependability, lack of regularization, poor self-discipline	16.3
14. General problems of sex adjustment	16.1
15. Egocentricity; tendency to negative defense reactions	14.8
16. Vocational anxieties	13.7
17. Financial difficulties	13.3
18. Poor home training	13.1
19. Special disturbing family influences (as illness, conflict between family members, etc.)	12.2
20. Overtimidity	12.0
21. Marked introvert or schizoid tendency	11.3
22. Actual physical disturbance and residual states	11.1
23. Poor methods of study	11.1
24. Fear as to "future"	10.4
25. Pressure of outside work	9.6
26. Stress of transition to university environment from relatively simpler setting	9.6
27. Unfavorable heredity	8.5
28. Fatigue	6.7
29. Poor scholastic achievement	5.2

* Here, as in other student difficulties, it is felt, coöperation with the various campus agencies has definitely furthered really constructive human dispositions or settlements.

Secondary factors	*Per cent of cases*
30. Conflicts with family	5.2
31. Love affairs	4.8
32. Specific misconduct, including disciplinary situations	4.8
33. Worry regarding possibility of disease	3.2
34. Worry relative to physical condition	3.2
35. Fraternity and sorority problem	3.0
36. Academic overload	2.8
37. Relatively inferior intelligence	2.6
38. Homesickness	2.4
39. Pressure of extracurricular activity	2.1
40. Special shocks	0.8
41. Worry over examinations	0.8
42. Marital problems	0.4

As to the results of treatment from the clinical point of view, these may best be brought out in the following way. Fourteen and six-tenths per cent of the cases were of a type that called for immediate decision and advice rather than the undertaking of any actual therapeutic program as such. Thus, in this group, we were concerned largely with discrete questions, such as the matter of actual mental status, admissibility to the university, advisability of continuance at the university, questions of administrative import, and, in many cases, specific personal questions, such as the importance to the student of the occurrence of a certain mental disorder in some member of the family, and so forth. Here, even though treatment in a formal sense was not undertaken, nevertheless often considerable relief was afforded and states of acute tension relieved. In another 15.7 per cent, contact was incomplete because of the necessity for the student's leaving school for various reasons, including the psychiatric. Also incomplete were a number of cases that came to attention too close to the end of the school year to permit of full contact, and instances in which coöperation was actively or passively unsatisfactory. For the balance of the cases, 69.6 per cent, adequate therapeutic contact was possible and was carried out. In 85.4 per cent of this "treatment" group, estimated very conservatively, the results were extremely good—that is, there was marked improvement or, clinically speaking, apparent correction of the immediate presenting difficulty. In 14.5 per cent some

amelioration had been effected and in 0.2 per cent no discernible benefit from contact was observed.[1]

At this point the scholastic averages obtained should be of interest. These averages,[2] up to the time of final university contact, were as follows:

21.6 per cent rated A to B (including A, A—, and B+)
50.6 per cent rated B to C (including B, B—, and C+)
25.6 per cent rated C and below

An additional 3.1 per cent, calculated separately because of difference in rating in the schools in question, would also fall in the A-to-B group. In this connection, too, it may be of interest that 56 students had been at some time on probation or "warning," with such status still obtaining in the case of 13.

The achievement of this group of students from the standpoint of academic and extracurricular distinction is also of interest. Thus, among 260 students officially so distinguished in our group, there were 56 elections to honor scholastic societies, such as Phi Beta Kappa, various scholarships, and so forth. On the non-academic side, including athletic teams, class offices, campus honorary groups, special professional societies, and extracurricular activities in general, there were 289 instances of especial recognition. Also, 140 of the group were members of the various fraternities and sororities.

The final dispositions or outcomes[3] of the 526 cases at the end of the four-year period were as follows:

[1] Respecting "treatment" cases, the following data were noted as to contact duration:

Contact maintained one year	71.7 per cent
Contact maintained two years	15.5 per cent
Contact maintained three years	8.8 per cent
Contact maintained four years	3.8 per cent

These figures in general bear out very well the distribution determined for the series as a whole (q. v.). However, there does appear to be a somewhat lower percentage of one-year contacts for the "treatment" group, with the difference spread over the remaining three categories.

[2] Not including 74 cases for which ratings were not available.

[3] In this connection, findings on the basis of a survey of 22,600 freshmen enrolled in 38 colleges and universities in 1925, noted by Bassett, are of interest. According to this study, 58.64 per cent of entering students do not complete the college course, either because of dismissal or of voluntary withdrawal. See *Mental Hygiene in the Community*, by Clara Bassett. New York: The Macmillan Company, 1934. p. 234.

1. Graduated (including 10 as of the summer session of 1934)		212
2. Still in attendance at university (including 13 on a probational status)		99
3. Not at the time in attendance, though there was no reason against attendance so far as concerned university requirements, the reasons for non-attendance being as follows:		
a. Scholastic situation not encouraging or actually unsatisfactory, though within official limits	42	
b. Financial situation	20	
c. Health (1 case psychiatric)	17	
d. Transfer to other colleges	9	
e. Miscellaneous personal reasons, such as family exigencies, marriage, special employment opportunities and the like	9	
f. No specific reason ascertainable	27	
		124
4. Unable to continue in attendance for the following reasons:		
a. Dismissed for scholastic reasons	70	
b. Dismissed for disciplinary or other administrative reasons	7	
c. Officially discontinued for reasons of health (3 cases somatic, 9 psychiatric)	12	
d. Deceased	2	
		91
		526

Likewise, during the four-year period there were, as far as could be determined, 21 official withdrawals, of a temporary nature, with later return. The reasons for these are classifiable as follows:

Health (2 cases psychiatric)	7
Poor scholarship	6
Financial situation	3
Marriage	2
Special employment opportunity	1
Special family situation	1
No specific reason determinable	1
Total	21

Formal or extended discussion of the findings given above seems here hardly in point. It is obvious, I think, that all things considered, our fraction of the class came out at least reasonably well. It is just as obvious that in a university community, as in any other, one may expect numerous

situations that indicate need for attention along mental-hygiene lines. Incidentally, our sample, while admittedly somewhat on the sensitive, less firmly integrated, and specially handicapped side, seems by and large not so very different from the "run of the mine." Also, that help may be given in many such situations is a conclusion, I feel, by no means new, startling, or unreasonable. Finally, as an ideal, it might be suggested that the continued building up, as part of the total welfare organism, of a specially trained and comprehensive personnel or adviser division would constitute a very constructive development. Such a division could more nearly reach the entire student body and deal competently with the simpler problems, reserving the psychiatric unit for consultation service and the handling of the many cases that present frank technical indications. In this way, there gradually might be evolved a really adequate mechanism for a valid and human approach to the human aspect of the student, an approach increasingly recognized as vital to the complete educational process.

THE SOCIOLOGICAL AND BIOLOGICAL ORIENTATION OF PSYCHOANALYSIS*

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TO an audience interested in mental hygiene, the fundamental concepts and the principles of psychoanalysis are sufficiently well known to-day and therefore I do not hesitate to assume such a knowledge as the basis for my further discussion. My task to-day consists in speaking of more recent developments, and when in what follows I recapitulate facts and ideas that are well known to you, I do it not under the impression that I am giving you new information, but to bring into perspective the latest progress in our field.

Above all, psychoanalysis can be characterized as a dynamic approach in as much as it considers mental life as the manifestation and intricate interplay of tendencies and strivings which ultimately express themselves in motor behavior. Apart from this dynamic feature, psychoanalysis has introduced into psychology two fundamental aspects, a sociological and a biological aspect.

The biological orientation consists in considering all the dynamic forces as biologically conditioned, as manifestations of those energy-consuming processes that constitute the biological phenomenon, "life." This biological aspect can be more easily discussed after the sociological implications of psychoanalysis have been described and we shall return to it later.

The sociological orientation can be briefly formulated as follows: The development of personality can be considered and understood, at least partially, as a process of adjustment of the original inherited phylogenetically predetermined instinctive cravings to the requirements of collective life as they are represented by any given culture. This process of adjustment can be described as a process of domestication or

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socialization of the originally socially unadjusted individual. After birth a healthy individual can be considered as a biologically well-functioning organism which has, however, still to solve the problem of adjusting its biological needs to certain special conditions—namely, to the normative and restrictive requirements which every form of collective life organized in a cultural pattern represents.

The study of normal, psychoneurotic, and psychotic adults has shown that in no adult, not even in a normal one, does the whole personality participate in this process of domestication. No adult personality is a homogeneous entity. The socially adjusted conscious mental life, which contains the conscious motivations and connections between our actions, desires, hopes, and wishes, is only a surface phenomenon. A great part of our conscious psychological processes and overt behavior is at least partially determined by socially non-adjusted, non-conscious motivations.

But this distinction between conscious and non-conscious mental processes is not only a topographical distinction; it is also a dynamic one. The conscious portion of our personality, which we feel as our conscious ego, which gives us the sense of continuity in our life, is a highly organized unit in which the various psychological tendencies, wishes, hopes, desires, and so forth, are related, subordinated, and coördinated with one another. This inner harmony of the ego system is based, however, on a dynamic phenomenon called repression, by the help of which tendencies, motivations, any psychological content that is not adjusted to the social environment, is excluded from consciousness. Through repression the personality tries to exclude everything that would upset this harmony, all tendencies that would create a conflict with the dominating, socially adjusted tendencies and normative principles of the conscious personality.

Repression works according to principles that correspond to the general ideological principles of a given culture, and this eliminating and selective function of the personality is transmitted to the child through the process of education, through the influence of the family, especially through the parents who, as the representatives of the cultural milieu, are

the mediators through whom this restrictive and normative influence on the personality takes place.

Repression is, therefore, a cultural phenomenon since the principles according to which the repression takes place correspond to the moral code of a given civilization. The well-adjusted adult can be considered as a domesticated individual and a great portion of psychological abnormalities can be considered as the result of unsuccessful domestication, although, as already emphasized, in no individual does the total personality take part in the process of domestication and every one retains in his unconscious tendencies of an infantile nature that are not modified in a social sense. In neurotic and psychotic individuals we find a much higher proportion of such infantile tendencies, and neurotic and psychotic symptoms, as well as neurotic behavior in life, are expressions of these socially non-adjusted cravings. Viewed from a broad perspective, psychoneuroses and psychoses can be considered as a protest against the process of social adjustment. They represent the victory of the individualistic forces in defiance against the demands of collective life.

As you see, this dynamic concept has an important sociological implication, since it explains psychoneuroses and psychoses as a result of the clash of the inherited instinctive equipment of the individual with the demands of social life. Seen from this perspective, the so often quoted affinity between neurosis, psychosis, genius, and criminality is readily understandable. In the genius, these individualistic tendencies take a creative form. The genius, like the psychopath or the criminal, does not entirely conform to society; instead of conforming, he creates new socially acceptable expressions of the instinctive forces. He impresses his formative power upon civilization and changes it after his own image. In criminality the individualistic tendency appears in a destructive form in the refusal to accept a social code, but it fights the social code in a destructive way and not like the genius by creating new socially acceptable forms of expression.

Neurotic personalities may have both genius and criminal in them, but they express both creative and destructive tendencies only in fantasy in a symbolic language which only they and not even their own conscious personality can understand,

a symbolic language that is only the expression of their unconscious. Neurotic symptoms contain both creative and destructive tendencies. They are, however, of no use to anybody but the neurotic himself, for whom they are an outlet for repressed tendencies which the neurotic cannot carry through into reality, but which he also cannot abandon or modify in a socially acceptable fashion. Through the symbolic medium of the symptoms, they may give expression to the wish to give birth to a child, but at the same time they express destruction, murder, or cruelty by the same means of symbolic representation.

In very rough outline, this is the sociological aspect of psychoanalysis as a dynamic theory of personality development. It is socially oriented because it explains the problem which the individual has to solve during his development as the adjustment of the original inherited strivings to the social setting into which the individual happens to be born. The corner stone and the most dramatic phase of this process of social adjustment is known under the name of the Œdipus complex. It represents the conflict of the child with its first society, with the family, and the solution of the Œdipus complex is the most important step in social adjustment. It means the adjustment of the feelings of love and hate toward parents and siblings, which feelings are nurtured by the biologically conditioned cravings of sexuality and the destructive instincts.

This social orientation of psychoanalysis is by no means exhausted in the present state of our knowledge. The comparative study of neurotic and psychotic individuals in different cultures will allow a more precise identification of those regulative principles that are characteristic of different cultures. It will lead to a more precise description of those ideologies that have a formative influence upon personality development. Different cultures can be considered as different solutions of the problem of how individuals, with the same inventory of biologically predetermined instinctive forces, can adjust themselves to different forms of collective life. Such studies of the process of adjustment to different cultural patterns, and especially the study of the failures of adjustment, will contribute more to sociology, however, than to

psychoanalysis proper. A better knowledge of the biological organism itself, a better understanding of the nature of those biologically conditioned forces that are exposed to the external cultural influences, must be expected from another direction, from the increasing biological orientation of psychoanalysis. This biological orientation, which characterizes the most recent developments of our field, brings it closer to its birthplace, to medicine, and contributes in a promising manner to the oldest problem the human mind has tried to solve since ancient times—the body-mind problem.

In the preceding discussion we have tried to describe the development of a personality after birth as an adjustment of the instinctive life to the conditions of collective life represented by the different cultural milieus. The specific economic and ideologic nature of a culture is the product of historical development which is independent of the particular individual who is born into this culture and who must then adjust himself to it. But the cultural pattern itself is not independent of the biological structure of those individuals who created these cultural patterns as a collective method of gratifying their biological needs. Every culture is itself conditioned not only historically, but in a more fundamental way, biologically. It is a formation of biological units living together in organized groups. The individual, however, is not born into such an organized group as a *tabula rasa,* as many sociologists erroneously believe. It is by no means an infinitely pliable object which later cultural influences can mold into anything, because its development, including personality development after birth, is in its principal features biologically predetermined. Man is by no means only a product of his environment, as often is postulated by social scientists. When he is born, he represents a complicated biological mechanism which is the product of a much older historical development than the culture to which he has to adjust himself after his birth. His body with its instinctive cravings is the product of the phylogenetic development which itself can be considered as a process of adjustment, an adjustment of the race to external physical conditions. The development of an individual in the womb from the moment of impregnation until birth is a brief recapitulation of the long history of

this process of adjustment which his predecessors had to accomplish.

This embryological portion of the individual life history appears as an automatic, merely mechanical process in comparison with the later personality development after birth, the adjustment to the social milieu which every individual has to solve for himself through active participation, through trial and error, through experience of pain and failure which force him to find those types of gratifications that are possible and acceptable in the society in which he is brought up. The development of the body seems to go much more smoothly. It does not require from the individual anything comparable to personal initiative; it is a strictly predetermined development, to a large degree independent of external influences.

In this perspective the whole development, from the moment of impregnation until death, can be divided into two major portions—one before and one after birth. The one before birth accomplishes the development to the point where the individual becomes biologically more or less independent of the mother organism; it can take care of its oxygen consumption alone through respiration and it has the organs through the activity of which it can incorporate the necessary nourishing substances, all of which before birth were supplied by the mother organism. With this biological equipment after birth, it has to solve the second problem, the problem of social adjustment. Biologically seen, this consists first of all in the further development of the central nervous system, the biological basis of the personality. This social adjustment necessarily consists of gradual changes in the function of the finer structures of the central nervous system. These continuous changes, in their details unfortunately almost entirely unknown as yet, develop under the influence of the social environment upon the individual; physiologically seen, they are the results of the stimuli of the environment upon the sensory organs of the individual in the form mainly of optical and acoustical perceptions, among which stimuli represented by speech take probably the most important place.

It would be unscientific to postulate a fundamental difference between the prenatal portion of the growth of the indi-

vidual, which we can describe in anatomical and physiological terms, and the postnatal personality development, which at present we can better describe in psychological and sociological terms. Both the prenatal embryological and the postnatal personality development consist of the biological growth and development of the same organism and necessarily are connected with anatomical and physiological changes in the organism. Thanks to Freud's discovery of the psychoanalytic technique, we have recently become able to describe and understand in scientific terms the postnatal portion of this development, which up to that time had been an entirely white spot on the map of our knowledge. These discoveries developed to a high degree independent of the biological knowledge of the development of the body. It is obvious that the next step will consist in bridging over this gap, in connecting with each other into one entity these two aspects of the development of the human organism, the psychological aspect with the biological. This will be accomplished if the processes of social adjustment are also understood and described in biological terms.

Only the first beginnings have been made in this fundamental problem of interrelating biological and psychological development. In recent years it has become evident to us that the most promising approach to establishing this interrelationship is offered by the study of that very early period of postnatal development in which phylogenetically predetermined processes overlap with personality development in the social sense. New scientific progress usually takes place in such border-line fields. It is only very roughly correct to make a strict distinction between the intra-uterine and the extra-uterine phase of development by characterizing the first as automatically and strictly biologically predetermined and the second as more flexible, changeable through external influences, and biologically not predetermined. The biologically predetermined course of development by no means ends with birth. The new-born organism cannot at all be considered as a finished product which is capable of satisfying its biological needs independently. The new-born baby, though anatomically separated from the mother organism, is still biologically dependent on the bodily product of the mother organism, on

milk, not to speak of the fact that in order to remain in life it requires the care of the mother in many ways.

Apart from adjustment to the restrictions of social life, there is an important series of organic changes to which the infant's personality has to adjust itself. Even after birth quite a number of phylogenetically predetermined changes take place automatically. Examples are dentition and the change from passive locomotion to active locomotion through learning to walk, which is dependent on biological maturation. Even control of the sphincter functions occurs to a certain degree automatically, though with the help of the environment. The development of the intellectual functions also must be considered to a high degree a predetermined process, although in its detail it is extremely dependent upon environmental influences. Fundamentally it is a biologically determined process which in some way or other would take place with or without specific cultural influences. I speak here only of such basic phases of intellectual development as the increasing faculty of differentiating between objects, the increasing precision of the reality-testing function, the capacity to make abstractions in the form of conscious thinking. All these increased capacities are based on the development of certain higher centers of the brain.

Even as late as in adolescence a biologically predetermined change takes place in the organism, a change of the utmost importance for personality development—the maturation of the sex glands, and with it the capacity for propagation. After sexual maturity, follows senescence and death, the last phases of the life history, which are equally biologically conditioned.

The psychoanalytic study of neurotic and psychotic individuals has more and more focused our attention upon those early periods of personality development after birth in which the individual still has to solve fundamental problems of a biological, not a cultural, nature. During this early period the individual becomes entirely independent of the mother organism in his nutrition and locomotion, and learns also to control his excretory functions. Our studies have shown that during this early period the instinctive cravings of the individual undergo very profound changes. We call this portion

of the development the pregenital or pre-Œdipal period. The study of this pre-Œdipal period is possible by applying the analytical technique to neurotic and psychotic adults. In such individuals there is a strong regressive tendency to return to the early forms of emotional expression. This regressive tendency becomes especially active if the neurotic is exposed to emotional difficulties and conflicts during the process of his adjustment. Every neurotic symptom can be considered as such a regression of the patient to early forms of instinctive gratification, to emotional attitudes in which he felt still happy and contented. This regressive nature of neurotic and psychotic symptoms gives us a great opportunity to study the early forms of emotional and instinctive life.

Recently these more indirect studies of the early phases of emotional development in neurotic adults have been complemented in a most instructive way by direct observation of the child through the technique of child analysis. Both of these types of study have shown us that this pre-Œdipal period of development has the greatest significance for the later personality development; in fact it is this early phase in which the basic character trends are formed. These studies have shown us furthermore that during this early period the child goes through emotional changes which are incomparably deeper and more significant than anything that takes place later in its life.

In essence the problem that the child's personality has to solve during this phase is also a problem of adjustment, but in the first place it is an adjustment to the phylogenetically predetermined sequence of changes in its biological status. It is the inexorable fate of this little helpless being to become gradually more and more independent. Study of the unconscious shows us clearly the powerful emotional protest in the child against this separation from the mother, a protest against every step in the direction of independence. From the psychology of the conscious mental life we know only the progressive drive, the wish to grow up, the ambition to excel and be successful, but study of the unconscious reveals underneath a powerful opposing tendency to regress to the earlier period of dependence in which there is no responsibility and in which one is fully taken care of by the parents.

In this early period the cravings of the individual are not yet connected with elaborate ideational content; they are general emotional cravings connected with the biological functions of the organism. They center around nutrition associated with pleasure sensations in the mouth: to receive, to incorporate, is the content of these cravings and satisfactions. Another emotional tendency which seemingly becomes emotionally charged somewhat later than the incorporating tendencies is related to the eliminating functions. The eliminating tendencies and the pleasure sensations involved in the process of excretion are mixed with retentive tendencies and pleasure sensation resulting from the retention of bodily products. *Incorporation, elimination,* and *retention* are those general tendencies around which the emotional life of the child revolves.

We recognize in these tendencies the psychological manifestations of the fundamental biological functions of the organism, the incorporation of nourishing substances, the partial elimination and partial retention (assimilation) of them in the process of growth. One may say that in this early period the child's emotional universe expresses an entirely vegetative philosophy of life, and emotional relationships to persons play as yet an unimportant rôle. The pleasure sensations are located at this time in the organs of nutrition and elimination and are connected with their functions.

This picture gradually changes, and between the third and sixth year the child develops more and more personal emotional relationships with individuals, and during the same time the pleasure sensations from the vegetative organs gradually become transferred to the genitals. It is a most significant parallelism that the development of emotional object relationships coincides with the first signs of sexual maturation. But only seven or eight years later, in adolescence, does the individual achieve full genital maturity and become capable of propagation. This long period interpolated between the first manifestations of genitality and full genital maturity is typical for the human animal and so far as I know is unparalleled in the animal world. The origin and significance of this phenomenon is still an open field for speculation.

The achievement of sexual maturity divides the life of the

individual into two fundamentally different phases. Before sexual maturity, the individual is essentially a child, is engaged in the process of growth, and in many respects is dependent and receptive toward the parents. After sexual maturation the process of growth is terminated; the individual becomes capable of reproduction and responsible for the support of the next generation. He stops being a child and is capable of having children. The period of emotional dependence ends. To incorporation and retention in order to grow, and to the elimination of waste substances, a new form of elimination is added, a creative function, the production of germ cells, and through that the creation of new life with all the responsibilities and energy expenditures which the support of the new generation involves. Parallel with this biological change, a new emotional tendency becomes of central importance, the tendency to give.

Bernard Shaw states this in his *Heartbreak House* in a most simple and convincing way: "A man's interest in the world is only the overflow from his interest in himself. When you are a child, your vessel is not yet full; so you care for nothing but your own affairs. When you grow up, your vessel overflows; and you are a politician, a philosopher, or an explorer and adventurer. In old age the vessel dries up: there is no overflow: you are a child again."

Propagation can be considered biologically as growth beyond the limits of the individual organism. In the monocellular organism this is easily observable. It grows and after it reaches a certain limit of growth, it divides itself into two parts and dies, or at least stops existing as an individual, but continues to live in the two new organisms that have been formed from it. In the polycellular organism fundamentally the same process takes place, the only difference being that propagation consists in an asymmetrical division, and the parent organism continues to live its own life for a while after reproduction.

Psychoanalysis of normal adults shows that not only in neurotics and psychotics, but in every one there is a strong regressive tendency opposing this progressive course of development, which starts with total dependence upon the mother organism and leads, after the achievement of full sex-

ual maturity, to death. Every external difficulty which the individual encounters during the course of this progressive development contributes to this inner regressive force throwing him back to the earlier infantile forms of emotional expression. External difficulties leading to fear, deprivation, failure in life have a powerful internal ally in the regressive tendencies of the organism. In neurotics and especially in psychotics this regressive tendency is greatly accentuated, and even very small defeats in the first love relationships, slight disappointments and rejections, are used as a good excuse to give in to the unconscious regressive trends, to the wish to give up the fight for independence, to give up the object relationships, and to retreat to the early vegetative forms of emotional life centering around the individual himself—which leads to the egocentric existence so typical of the mentally and emotionally disturbed patient. In many cases, especially in certain schizophrenics, the traumatic experiences in life seem to be really only secondary precipitating causes, excuses to give in to the regressive trend. The real etiological factor is the strong fixation and regression to the dependent phases of the developmnt in which the individual had as yet no responsibilities and was fully taken care of by the parents.

This unwillingness to grow up and to accept the emotional attitude that corresponds to the biological status of maturity in many cases seems to be the most important etiological factor. Especially in cases of schizophrenic psychosis, this endogenous regressive tendency, a certain inertia or rigidity of the instinctive life, an unwillingness to pass through the different phases of development in tbe direction of maturity, is the most important factor and the external traumatic experiences are of only secondary significance. They *push* back the individual in the direction of infancy toward which his fixation and powerful regressive tendencies tend to *pull* him back. Whether this strong regressive tendency of the instinctive life characteristic of psychotics is, as Freud assumes, of a congenital nature or is acquired during the very early phases of the postnatal development is as yet undecided.

It seems, however, that at least in many cases of psychosis the inflexibility of the instinctive life, the resistance against growing up emotionally, is an inherited, constitutional qual-

ity. In these cases, even thorough etiological studies are unable to discover extremely pathogenetic traumatic life experiences, at least no more violent ones than the usual emotional conflicts that are common also in the life history of normal and psychoneurotic individuals. On the other hand, in the early history of many schizophrenics, from the beginnings of the extra-uterine life, one sees a peculiar and stubborn refusal of the baby to accept the consecutive changes in its biological situation. They often show an unusually strong dependence upon the mother and react to the first social contacts with withdrawal, shyness, and anxiety. Later in life they react to slight deprivations and failures with disproportionate intensity and to every difficulty their reaction is withdrawal and flight.

This magnetic attraction back to the early infantile situation which we observe in the psychotic in such an exaggerated form, in somewhat less intensive form in neurotics, and even less in normals, is nevertheless a universal phenomenon of the emotional life.

We see that the history of emotional development has certain universal features which are phylogenetically predetermined and which are the psychological reflection of the chain of biological events that start with the total dependence of the organism in the intra-uterine situation and lead through birth to an increasing independence, then to sexual maturation and reproduction, and finally to involution and death. The emotional development in its main features follows strictly these predetermined phases and sequences of biological development. The dependent, receptive, emotional attitude of the infant is the expression of its dependent biological situation just as much as the self-assurance and the productive and creative tendencies of the healthy adult are an expression of his sexual maturity, and the contemplative acquiescence of the healthy old man is the expression of his biological involution, to which he has adjusted himself emotionally.

Another example of adjustment to the unchangeable facts of biological fate has been recently described by Freud in female development. Freud advanced the theory that the abandonment by the little girl of her early masculine aspira-

tions resulting from her biologically determined bisexuality is an emotional adjustment which follows the discovery that, because of her anatomical structure, these masculine strivings are doomed to frustration.

In its early years psychoanalysis impressed upon us the importance of the adjustment of the instinctive cravings to the social milieu, to the restrictions that collective life requires; recently more and more we are beginning to realize that the personality has also to adjust itself to an even more inescapable environment than the external social environment—namely, to the ever-changing inner environment represented by the biologically conditioned changes of its instinctive cravings. Analytic studies show that perhaps the greatest emotional difficulty that the human being has to solve during his life is the relinquishment of the biological dependence upon the mother and the acceptance of the mature emotional attitude which corresponds to the status of biological maturity.

The picture offered us by the microscopic study of life histories with the magnifying glass of psychoanalytic technique is as if the individual would accept only reluctantly the independent state of maturity, driven to it by the inexorable course of biological growth; and as if deep down it never would renounce fully the longing to return to the happiness of the irresponsible dependence of infancy. The mythology of the golden age and especially the biblical story of *Genesis*, of the Garden of Eden, are clear testimonies of this regressive craving of man for the lost paradise of childhood, from which he was expelled after he had eaten from the tree of sexual knowledge. The biblical story of expulsion betrays an intuitive grasp of the fact that the achievement of sexual maturity is the critical turning point in life, which ends the careless vegetative phase of dependence. *"Noblesse oblige!"* Every new biological capacity acquired during development means a new obligation for the individual: After he develops teeth, he loses the right to be nursed at the breast; after he learns to walk, he loses the right to be carried around; and after he achieves the capacity of producing children, he loses the right to be a child.

Unquestionably the external cultural environment begins

very early to exert an influence and modifies this development in its details. Different ideologies, habits, and customs reflect themselves in the customs of the family, in the philosophy and technique of bringing up the children. Different cultural attitudes of the parents to the children may influence the process of emotional maturation to a high degree. But there is a fundamental universal scheme of emotional development which every individual has to pass through under the pressure of the unchangeable facts of biological growth and involution. Just as in a symphony there is a ground-motive running through all the variations, so also in a life history one recognizes behind the secondary influences of the cultural environment the deep, powerful groundwork of the biological determinants.

In order to understand personality development and evaluate the effect of cultural influences upon it, it is most important to know this universal, biologically determined ground plan which can be only secondarily modified and changed through external cultural influences. It is evident that the emotional development of the early phases is much more uniform and rigidly predetermined than the later fate of the individual. In many respects the first period of development is still a continuation of the embryological development, a completion of it according to phylogenetically predetermined patterns. Yet at the same time in this early period the organism can be already considered also as a personality which reacts emotionally to these automatic changes in its biological status. That is why, as I mentioned before, the study of this early phase is so promising for the understanding of psychobiological interrelationships. The content of these early emotional reactions is still so closely related to the fundamental biological processes of incorporation, elimination, and retention that they can be considered as the elementary tendencies from which the abundant variety of the later psychological life develops.

The latest stage of psychoanalysis is characterized by the increased attention paid to these early phases of personality development. The practical significance of these studies consists in allowing us a new approach for the understanding and treating of certain emotionally conditioned organic dis-

turbances. In such cases very deep regressions have taken place to this early pregenital or vegetative phase of the emotional life. These regressive tendencies constitute an emotional over-charge of organic functions—functions that in normal cases take place automatically without much interference from the emotional life. Thus, for example, our investigations in the Chicago Institute for Psychoanalysis have shown that intensive receptive dependent wishes in adults may have a permanent stimulating effect upon the functions of the stomach, and may lead to its dysfunctioning and finally even to peptic ulcer. The wish to receive, to be taken care of, is deeply linked in the unconscious with the wish to be fed, because the nursing situation in infancy is the most complete gratification of the dependent attitude. In adult personalities this infantile wish for dependence and for help often cannot express itself directly, being incompatible with the conscious attitude of independence, activity, and responsibility; it becomes repressed and finds an outlet in mobilizing the associated wish for being fed. This incessant wish to receive, to incorporate, serves as a permanent stimulus of the stomach secretion, exposing the stomach wall constantly to the digestive influence of the gastric juice. In many cases this is the basis of a chronic stomach neurosis and in some cases even leads to ulcer formation.

Repressed rage may influence the peristalsis of the intestines and lead to its functional disturbance. The respiratory functions also can be influenced and disturbed by such emotional tensions. That the respiratory tract serves even in normal individuals for the expression of emotions is well known. The sigh of relief, panting in fear and in rage are only a few examples. In cases of neurotic disturbance there is a chronic interference with the normal functions by such emotional stimuli, and the nature of these emotional tensions is of such a regressive and infantile nature as I have just described. Because of their infantile nature, these emotional tendencies are rejected by the adult's ego, are repressed, and therefore cannot find expression through the normal channels in life.

We may hope that another practical significance of the study of these early periods of emotional life will be the

better understanding of the psychological meaning of psychoses in which, as I have mentioned, deep emotional regressions to early phases of life play such an important rôle.

It is to be expected that the study of these early emotional reactions will also be of great significance in the clarification of the problems of inherited constitution, which is so much needed at the present time. The earlier the manifestations that we can study, the more we shall be able to isolate general dynamic trends that are as yet uninfluenced by external factors and must, therefore, be considered as inherited.

Finally the study of the interrelationship of the biologically determined ground plan of emotional development with its secondary modifications and distortions by external cultural influences will bring us nearer to the ultimate goal—to a complete understanding of man as an organism, as a personality, and as a member of a social group.

INTEGRATION OF THE CHILD THE GOAL OF THE EDUCATIONAL PROGRAM*

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IN its historic meaning, according to Monroe, education is "a definitely organized institutional attempt to realize in individuals the ideals controlling a given people."

Mental hygiene, as defined by Thom, is "a state of mind which permits an individual to approach his maximum of efficiency and to attain the greatest amount of happiness with the minimum of friction."

These two definitions indicate a clash in ideas because they involve different goals. Seemingly education seeks to develop individuals patterned after the group type while mental hygiene aims to nurture an individual in terms of his personal satisfactions, even though he may deviate from the group pattern.

Herein lies a conflict and herein lies the root of the problem of the integration of the child as the goal of a program combining mental hygiene and education.

Historical education is primarily in the interest of the state. Primitive man was naturalistic and non-bookish. His children grew up and lived freely upon all levels as individuals, but underwent vigorous socialization at maturity through initiatory rites. The educational factors during early childhood, adolescence, and maturity were controlled by the chief or the medicine man, the political-economic leader, or the ethico-religious guide. This principle of control abides, and the state and religion still play their part in determining the nature and content of the educational system.

Herbert Spencer sensed the inherent value of this conflict system when he advocated that people should be brought into complete correspondence with their environment by means of

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an educational system aimed at complete living. He stressed particularly the nature of moral education and advocated the teaching of subjects that tend directly toward the preservation of the individual and the unity that owns him. This recognition of the individual and his possession by a larger social unity constitutes the reason for varying goals of education. Communal goals have varied: In Greece children were brought up for service to the state; in China the familial idea predominated; in India the caste idea; among the Jews the theologic idea; among the Persians the virile military concept; in England the purpose was to learn to live like a gentleman. Children as individuals through the ages have been subjected to pressures in terms of such varying goals, without consideration of their individual potentials or aspirations.

To-day the program of education is set up by the state largely for the maintenance and preservation of its own status. The content of education is based upon its potential usefulness to the state and the child is molded educationally for a definite purpose. There is a continuity in this idea which is significant. Plato considered justice or the end of the state dependent upon education, and Washington regarded education "as the corner stone of a republic." These two ideas are not so varied from the political philosophy embodied in Hitler's statement: "All education must be so planned as to give the boy the conviction that he is unquestionably superior to youths of other nations. His physical training must give him the feeling that his nation is unconquerable. The army is the last and highest school of training, not only for military duty, but for all tasks of life. Here the boy must learn to obey that he may later command, to feel his own strength and to have confidence in the unbreakable face of the nation." As Dr. Conant, of Harvard, recently remarked, Germany demonstrates "an educational system which will be the means of propagating that particular set of ideas which they believe to be essential to the salvation of a nation."

In Russia one finds efforts at the development of character set forth in no uncertain terms, as is evident from a small booklet devoted to a discussion of the training of leaders and young pioneers. "Whom shall we educate?" Briefly, we shall educate communists, but what does this mean? "To train up

a communist means to train up a collectivist, an internationalist, and a militant atheist." This concept of state organization is clearly stated by Henry Adams in his comment: "All state education is a sort of dynamo machine for polarizing the popular mind; for turning and holding its lines of force in the direction supposed to be most effective for state purposes."

The prospective citizen, then—for such is the child at school—is to be molded to suit the form of government in which he lives. This is relatively simple during a period when governments are stable, but most complex when unrest, uncertainty, political strife, and economic tragedies abound, making educational systems doubtful and uncertain of their goals. Under such conditions as exist to-day, our educational institutions call for a modernized evaluation in terms of mental hygiene. Perhaps this can be best sensed by repicturing the educational system. What is the public-school system? It consists of a state enactment and state regulations, the state commissioner of education, numerous local boards of education, superintendents of schools and their supervisory force, the teachers and janitors and their protean personalities. It consists of the school plants, buildings and grounds, the defined curriculum and official syllabi, the variety and size of classes. The pupils are not incidental to a school system, but are vital in its organization. They bring to it variations in heredity along physical and intellectual lines, differentiated backgrounds of family life and traditions. Molded by diverse past experiences and present companionships, they reflect the gamut of effects of training, in their habits, attitudes, and outlooks. It is this human phase of the school system, as related to the members of the board of education, teachers, janitors, and pupils, that becomes of paramount importance to the mental-hygienist, who is interested in the preservation of happiness in human relationships.

The school is concerned not merely with subject matter, but with the physical and psychical state of all connected with classroom work, as well as all that happens in the name of teaching, with the intellectual struggle and effort, with the emotional tensions and the social experiences of children. It should have interest in the selection and tenure of teachers in relation to adaptation values as teachers and as parent sub-

stitutes. The teacher is a person whose occupational responsibilities are affected by his constitutional make-up, his economic status, his past experiences, his knowledge, character, and personality. His own integrations become vital factors in affecting the integrations of children under his guidance. Teachers present problems which enter into the daily lives of those taught, with different values according to pupil susceptibilities to impressions.

The school is concerned with different types of child—the introvert and the extravert, the fatiguable and the energetic, the fearful and the courageous, the emotionally unstable and those in mental equilibrium. It deals with unconscious forces, wishes, and dream life, while it shapes conscious thinking to approved patterns. It is concerned in promoting those ego satisfactions which are the outgrowths and radiations of the pursuit of independence and success, response and recognition. It seeks to promote the social adaptability that can be secured only through self-trial, self-understanding, self-judgment, and self-control.

The educational content of education has a state value on the assumption that knowledge as power may serve the state. Professor Giddings remarks, "'Education must not merely train the mind; it must equip and store it with knowledge.'' But what knowledge and how is it to be selected? Is it to be theoretic or practical, vocational or avocational, general or special? The answer perhaps is found in Professor Sumner's comment: "Schools are the institutional apparatus by which the inheritance of experience and knowledge—the whole mental outfit of the race—is transmitted to the young.'' Unfortunately the schools do not live up to this definition.

Education is more than schooling and book learning, and the acquisition of knowledge as such should mean the development and training of the potentials of an individual for useful adaptation, whether through overt expression or regulated inhibition. The general core of the program of education to-day is utilitarian. Reading, writing, and arithmetic had their origins on a commercial and later a captalistic industrial background. Reading, writing, and arithmetic of themselves are not absolutely essential to adaptation to life, as is evidenced among successful illiterates. These leverage

subjects are contributory, however, to various special bases for ego satisfaction and social adjustment because society places such high values upon them as means of communication. The growth of the curriculum and the extension of the minor subjects have served other purposes and have offered richer creative experiences conducing to self-direction, emotional release, and social interaction. False values have developed in education because too great an emphasis has been placed upon grades, units, and degrees, just as perhaps there have been other false values growing out of mandatory graded education and compulsion in subject matter regardless of health, interest, ability, or achievement. Our discussion of democratic ideas in education still refers to the demos rather than to the individual, and a large number of educational failures, so far as individual life is concerned, are perhaps due to what Gorham Munson terms "frustration in the midst of opportunities." The dull child advanced beyond his educational level, the child with tone deafness who must sing, the handicapped, deficients, and defectives are victims of present-day educational practices.

For almost a generation there has been emphasis upon the doctrine of individual differences. This theory of individual differences should constitute the foundation for all plans for the integration of the child. It matters little whether one proceeds upon Thorndike's theory that intelligence is a bundle of capacities or Spearman's concept of the definitive value of the center core "G." There are common factors in education for all children in terms of the common positive and negative factors that exist among all human beings. The uncommon factors, with their quantitative and qualitative variations, constitute the basis of individual difference and the reason for a more intelligent approach to school methods. This is responsible for the numerous plans for adapting curricula to innate capacities, interests, and drives. There is a growing stress upon the functional value of education rather than upon the knowledge component. The distinction between the functional phase of education for children in elementary schools and those who are adult, is patent. In the elementary schools the primary skills are presented and a methodology is applied to them to elicit a possible interest. With the adult,

the interest serves as the basis of learning and the skill is developed volitionally to serve a vital personal goal. The selective factor, being personal, is more interpretive of the character of the individual's needs and aims.

The growing shift toward the practical recognition of individual differences is well illustrated by our trend toward class organization into special groups. Physical differentials gave rise to medical inspectors, school nurses, open-air classes, classes for the tuberculous, the crippled, the myopic. Organization in terms of intellectual considerations have been responsible for ungraded classes, rapid-advancement classes, classes for remedial instruction, as well as for shops and manual training. Appreciation of emotional maladjustments has been the reason for adjustment classes, probationary and truant schools, and guidance clinics. The distinctions in national backgrounds and cultural opportunities have brought about maximum and minimum curricula. These all represent efforts at making the educational adjustments in the interest of the child, even though the degree to which they exist in this country remains inadequate. All, however, attack specific problems of child education. They attempt to meet special challenges rather than to solve basic personal difficulties.

The fundamental basis of such organizations leads back to the fifteenth, sixteenth, and seventeenth centuries, during which the need for emphasis on ego values was clearly enunciated. Rabelais urged the value of personal observations, spontaneous activity, and unrepressed individuality. Montaigne argued for the same idea, while Rousseau urged "personal freedom in the acquisition of knowledge."

The integration of the child is founded upon the recognition of individual differences in terms of the conscious consideration of each particular child. Dealing with the whole child in the endeavor to keep the child whole constitutes the essence of the idea of integration. School activities thus are recognized as useful in giving practice in individual living, while the curriculum as a whole furnishes the theory of life values. In this curriculum there is need for the presentation of the opportunities for self-release along with the problems of leisure. There is need for an appreciation of occupational opportunities, their nature, change, values, and meaning. The

course of study should reflect an understanding of the factors that enter into successful home-making through social interaction, along with occasions for reviewing ethical problems in terms of practical living at the juvenile rather than the adult level. Such material relates to the efficiency and happiness of individuals, whether immature or mature, rather than to utilitarian advantages in terms of state demands.

To speak of the whole child going to school is almost bromidic. The statistics of this country concerning forced promotions, retardations, truancy, problem children, together with the maladjustments in elementary and secondary schools, bear forceful testimony to the fact that the whole child in his total reactions is not the main object of educational solicitude. Whether these educational maladjustments are due to the child or to the inelasticity of school procedures is not the immediate question. If the whole child goes to school, then the whole child must be considered. To regard him as an integer rather than to deal with a fraction of him is essential.

His integration involves his organismic response—that is, the response of himself as a unity. His internal and subjective reactions merit as great consideration as the external and objective stimulations. The pupil is at one and the same time reacting to stimuli and himself serving as a stimulus. He is consciously and unconsciously attempting to make adjustments satisfactory to himself. The power of adjustment is in itself an organismic capacity. It is an integrated response. The parts of a child cannot be treated in isolation nor even consecutively with great assurance of success. The whole child is greater than the sum of his parts. His response to education is totalitarian. What happens when a teacher deems it necessary to slap his hands, pull his hair, have him stand in a corner, keep him in after school to write two hundred times "I shall be good," to humiliate him before a class, to lower his achievement marks for disciplinary reasons, to promote him regardless of his capability, to send repeatedly for a parent, to accuse him falsely, to yell at him or be sarcastic concerning his past or future? The reactions are total personality reactions, whether in thoughts, language, or actions. The disciplinary values of teaching are not inherent in the subject matter, the teacher, or the learning process. The

intellectual approach must be differentiated from the child's reactions to it and all that it includes and implies. The physical, intellectual, emotional, and social responsiveness of the pupil are merely mobilizations of his resources to meet the needs of the moment. It is not a brain that goes to school to learn, but a child who goes to school to learn how to use his brain as a part of his social equipment.

The pupil is a personality and it is this personality which offers the dynamic responsive mechanism for adaptation. Pressures from without are neither greater nor more significant than the pressures from within, for the personality is seeking to project itself upon its environment just as the environment is endeavoring to mold him. Organized in terms of all conscious and unconscious pressures, the juvenile intelligence is displayed actually as a function of the total personality. The intelligence quotient is expressive of an energy release that is conditioned by the non-intellectual components of the personality. Hence variations occur under the effects of strain, fatigue, pain, misery, rage, fears, obsessive imagery, disappointment, hatred, or sexual excitement.

The motivations and emotional reactions of a student, young or old, are observed in his relations to those things that Cabot states men live by—work, play, love, and worship. One cannot ignore the child's fears for himself, his anger toward others, or the love influences which abound on the basis of his own sexual organization. The timid child and the bully, the dullard and the genius, the restless and the quiet, the coöperative and the individualist represent reaction types which reflect personality through clinical psychologists, visiting teachers, or even attendance officers. The psychological approach to their problems involves a recognition of the dynamics of education which has been so well expressed by Dr. Robert Ulich in these words: "Education connects a person not only with something which can be learned, with a certain amount of knowledge, or with a fixed and easily describable realm of values, but it throws a person amidst all the change and doubts of a culture which reaches from the simplest technique of living and learning to the conflicts of ethical and political ideals and to the abyss of speculation." The very fact of change and doubts as mentioned indicates the necessity for

psychologic interest and influence that will promote a capacity for self-guidance.

The past program for physical examination of school children and indeed the efforts at mental testing represent advance toward the concept of integration, but they are separated and apart rather than sensed as functions of the whole child. Many psychiatric problems prove to be merely educational maladjustments. School administration, regimentation, routine, and formalism in education hamper the liberalizing trends which permit and conduce to freer integrative activities of those most needing it. Medical inspection *per se* is not educational nor is the derivation of intelligence levels. They become of service only as they enter into a program of education that has meaning for the individual and his psychic development. Organic difficulties and functional difficulties alike are to be seen in relation to the organism as a whole. Myopia and intelligence quotients are not possessive of pupils, but possessed by them. The deviations, physical and mental, are interwoven with the entire psychic organization of the child. Giving the child a pair of glasses is more than an effort to offset his visual difficulties. Whether or not it actually corrects the visual difficulty, it has a profound effect upon the child's attitude toward his appearance and toward himself. The child with reading difficulties, the youngster who stammers, the child who is forcibly changed from left-handedness to right-handedness, the child with the club foot, the child with a linguistic handicap or a sense of difference by reason of economic status, creed, color, or nationality, gives symptomatic expression to his internal discontents which affect his total reactions, not merely to himself, but toward his teacher, his classmates, the school system, and, indeed, society itself. The inferior child, struggling against incapacity and over-demand, is no more a victim than the superior child whose mental gears are not enmeshed in educational dynamics. Among these groups one finds an abundance of nonconformists in behavior, retardates, truants, delinquents, and neurotics. These are all so-called "problem children," whose problems actually inhere in or originate their inadequate adaptation to their conflicts. The conflicts cannot be dissociated from what they are and wish in the name of

internal harmony, and what schools are and demand in the name of education.

Obviously the psychological background for education ought not to be ignored. All learning should take place in response to needs and demands of the organism. The slogan of sending the whole child to school should presuppose that the needs of each child are not identical. How do they differ? What are their fundamental drives? Obviously they do not inhere in mandatory educational programs. The integration of the child as a goal means that education must give larger consideration to the drives and needs, the desires and aversions, the capacities and goals of children. Education must sense the child as a developing dynamic organism rather than as a static learning mechanism. Identical school programs do not offer identical stimuli to different children. Herbart emphasized the many-sidedness of individuality which demands a thoughtful approach in the interest of a volitional virtue, which becomes the essence of character. He urged that this end could be served adequately by a correlation of studies, with special stress upon teaching processes and the techniques of instruction. Teaching, more teaching, and perhaps better teaching would meet individual needs. Time has indicated that the weakness of doctrine lay in the dependence upon factors external to the children. The content and methodology may be alike, the children differ. Broadening content and modernizing teaching cannot make children more like one another in their constitutional elements. The children, therefore, should be the subjects of greater consideration. They are not objects to be educated, but subjects to be led forth to learn in terms of total living.

Froebel saw the reality of life, although he found its origin in the self-conscious spirit. Forgetting for the moment his religious belief that the purpose of all education is to reveal God, he advanced a modern idea that the expansion of life could be secured by participation in the spirit of life. His view of self-activity as a process of building and realizing one's own nature was Dewey's idea of learning through doing. The activity and learning both were to promote emergent personality. Froebel's words warrant repetition: "The good results of all true education depend on careful notice, foster-

ing development, strengthening and cultivation of this feeling on the part of the child that he is a whole, and yet also a part of all life; and on the avoidance of every violation, clouding, or disturbance of it." This dual sense of wholeness *in se* and *in omnibus rebus vitae* becomes possible only through integrated activity in pursuit of harmonious living in adjustment with wishes, work, and person.

Burnham has succinctly stated, "The common aim of education and mental hygiene is adjustment." Gregory has referred to education as "a deliberate attempt at systematic training in adjustment to one's environment." Stanley Hall wisely insisted that "there must be reëducation of the will and of the heart as well as of the intellect, and the ideals of service must supplant those of selfishness and greed." This shift of viewpoint from the storage of facts to the capacity for adjustment involves the recognition that feelings, desires, attitudes, and ideals are not wholly bound to respond to intellectual direction. Thomas has emphasized that in all behaviors there are definite social bases crystallized in dynamic emotional drives for new experience, security, response, and recognition. These emotional elements, however, are beyond the aims ordinarily urged or considered in most current syllabi for teachers. Are they not necessarily vital factors in education for adjustment and adaptability through integration?

Integration as a goal emphasizes the synthetic approach upon the basis of an intelligent analysis. It emphasizes understanding interpretation and unification. It would shift these emphases from the mass values of conformity in social goals to the individual values involved in personal evolution. It stresses the integrity of the unit crystal as part of the human geologic mass. It does not decry utilitarian skills, but emphasizes them only in relation to social skills for their living values. Integration bids schools educate in terms of persons rather than projects, in the interests of relationships rather than information. It would serve self-reliance, self-respect, freedom, responsibility, and adaptability as goals more valuable than facts, routines, and marks. It would have the animate human factor emphasized as both means and end rather than the subject matter and text ratings of its absorption. It would interpret discipline in the light of its philologic mean-

ing—*i.e.*, learning—rather than in the more limited modern concept of restriction and punishment. It would make the general discipline of learning involve the learning of particular disciplines. It would have the school see and treat the child as a whole instead of grappling with some of its parts. As Ritter has put it, "The organism in its totality is an essential to the explanation of its elements as its elements are an explanation of the organism." Obviously the whole child and its parts are different aspects of its organic unity.

In the program of education for integration, it is obvious that there is a general education with the social emphasis and a special education with an individual emphasis. Social and individual viewpoints alike focus upon the awakening, stimulation, and guidance of interests. They require an exposure to learning and the enjoyment of intellectual activity, along with the expansion and understanding of the realities of life, with a gain in the essential factors of emotional expression and control. The comprehension of the meaning and value of human relationships in the light of the familial background and all past and possible cultural experiences facilitates a preparation for living life to the full. I am disregarding the school-home and parent-teacher relationships which enter into the personality growth and reactions of pupils, because I prefer to dwell upon factors beyond parental control. The school offers a program which is not subject to parental opinion or suggestion. A practical curriculum, therefore, should incorporate real opportunities for living in human relationships, but the act of living must be in terms of individual organization. The school patterns should be as varied as those found in the abundant life outside of the classroom.

The basis of education may, therefore, be said to require the organization and fusion of two concepts. The first is the social, which is narrow and doctrinal, conformational, utilitarian, and dominated by state values. The second is individual, expansive, and reactive, cultural, adaptational, and organized in terms of ego values. The greater values for the practical purposes of mental hygiene and the permanent benefits of educational procedures involve the emphasis upon the individual factors. The two ideas, however, must find a harmonious balance in the minds of children educated.

In the report of years of the free public school in Pennsylvania, one finds this sentence: "In short, the provision for free public-school education has seen the elementary education in the state grow from a reluctant recognition of the right of the child to literacy to a realization of the obligations of a democracy for the care, welfare, and future happiness of its youth." Obligations for care, welfare, and future happiness. Are these to be under state auspices or part of personal living on the basis of early education? The latter only is reasonable and this obviously means that some mark of educational experiences must be left upon the personality. It implies certain integrations of personality. It makes the child the center of education.

Such realization recognizes that children possess innate possibilities for responsibility and for growth in adaptation. It implies the importance of increased attention to people rather than to subjects. It stresses an education whose utilitarian periphery can be determined only by the radii of educational potentialities. Rationality, emotional equilibrium, and social adaptability are national assets, but their real values are bound up in their asset serviceability to the personality. Health and conscience, intellectual interest, vocational application, and social coöperation are expressions of individuality, but they are likewise desiderata as educational aims. Character and individual characteristics are by-products of living. What they are to be depends upon the adjustment of the personality in terms of living experience. The capacity to adjust, to remain whole, and to live whole can be facilitated through an educational program that sees the child as a whole. The integration of the child constitutes a positive aim of education and is a function of an educational program that makes right adjustments in personality possible as a preliminary to right thinking, right feeling, right relationships, and right living.

THE SUMMER CAMP AS A BEHAVIOR CLINIC

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THE summer camp specializing as a behavior clinic to handle problems and potential problems is a new outline on the educational horizon. There are a great number of "opportunity" and fresh-air camps about the country, but among them very few handle exclusively problem children, and among those few there is yet a smaller number that have escaped traditional camping and educational ideas and techniques and that regard their function as the improvement of behavior and not the imparting of skills and knowledges.

Camp Onawama opened its sixth season June 17, 1935, under Director William E. Masterson, at Long Lake, Fenton, near Flint, Michigan. The camp is situated on a beautiful wooded point. A large central lodge contains an assembly room, dining hall and kitchens, three large dormitories, an office, and staff rooms. Scattered along the point are activities tents. The project operates directly under the supervision of Arthur Dondineau and Alice B. Metzner, pioneers in the study and training of atypical children and directors of the Detroit Department of Special Education.

To the untrained observer, the program and activities of Camp Onawama seem no different from those of the hundreds of other camps throughout the country. Athletic tournaments, life-saving instruction, nature study and handicraft clubs, campfires, hikes—all occupy important places in the daily life. But to the trained observer experiments in leadership and control, procedures in behavior adjustment, direct approaches in rebuilding attitudes and personality are the features of real interest.

Before describing in detail the guidance techniques used, let us take a moment to speak of the types of case handled

by such a camp. This last year the I.Q. range was 57 to 139, with a majority of the boys between 70 and 85. It is trite to say that every boy presents a separate problem. There are, however, several broad classes: there is the school trouble maker, the mischievous, annoying, hypernervous child; there is the shy, sensitive, bullied youngster; there is the sex delinquent, sometimes a practitioner for profit in either heterosexual or homosexual field; there is the "upside-down boy" who wants to be bad, who resents all authority and counseling, who deliberately destroys; there are the thief, the truant, the bully, and many others.

One hundred and twenty-seven boys spent three or more weeks at the camp during the summer of 1935. All of these boys were from the Detroit Department of Special Education. This department, one of the oldest in the country, had its inception in 1903 when in one modest basement room incorrigibles were "kept." Since then the department has enlarged to embrace twelve phases, ranging from the education of delinquents to that of epileptics. Thirteen buildings in the city are wholly devoted to the work, and in the regular schools 256 rooms house special or atypical students.

Camp Onawama has concerned itself only with the socially maladjusted children or "ungraded," as they are termed. These delinquents and potentially psychotic children progress in school in separate classes at individual rates of speed. The teachers are primarily interested in behavior. A study is made of each child through his home and neighborhood; his school, court, and agency records; the report of the psychological clinic; the health record and physical examinations. Every effort is made to determine the real cause of the maladjustment, then to modify that cause. Throughout the entire set-up attempt is made to *interpret behavior rather than judge it.*

The techniques developed at the camp in helping these children solve their problems are based largely on the theory that the individual has a number of primary "wants" and that in satisfying these "wants" behavior results.[1] Probably

[1] Behavior results from a direct or indirect attempt to satisfy certain innate drives or wishes: "the desire for new experience, the desire for security, the desire for response, the desire for recognition." See W. I. Thomas in *The Unadjusted Girl.* Boston: Little, Brown, and Company, 1923.

nine problem children out of every ten would not have been problem children if somewhere in their environment they could have found socially desirable answers to their "innate drives" or "wants"—if they had had proper security in their homes or school life, the feeling that they "belonged" and were wanted; if they had had the love and affection they needed in the correct amounts; if they had been given the chance to excel, "to be good" at something, to have commendation from individuals and the group; if they had had opportunity for new experience, that adventure which is in every boy's blood. When a child has a lack of any one satisfaction, compensation in behavior and a lack of emotional balance usually result. In the studies of most problem children there appears to be a decided intermixing of causes.

"Our aim in reconstructing behavior is not to find out what Jimmy and Mary must do to be normal, but to find out what he or she can do reasonably well, with a feeling of satisfaction, success, and social approval."[1]

Too frequently workers in this field are accused of treating the symptoms rather than the causes of erratic behavior. Unfortunately this is often necessary because too frequently causes are rooted in undesirable static physical or home conditions. Uprooting the child and replanting him in a better neighborhood or home in many cases appears to be the true solution. Because this is not possible in most cases, the work of "doctoring up" the behavior symptoms goes on. This implies helping the child adjust to undesirable, static environmental conditions.

Referring to the causes of maladjustment which we believe in most cases can be traced more or less directly to physical or emotional conditions in the home, Maude G. Palmer, state probation officer of Illinois, declares, "The problem of juvenile delinquency and incorrigibility lies wholly with the parents. Failure to give children the right kind of home life contributes to an untold army of potential criminals. . . . If more parents were placed on probation, fewer children would need to be!"[2]

[1] See *Mental Health: Its Principles and Practice*, by F. E. Howard and F. L. Patry. New York: Harper and Brothers, 1935.

[2] See "Neglectful Parenthood," by Maude G. Palmer, in the *Welfare Bulletin* of the Illinois Department of Public Welfare, October, 1932.

While it is difficult to give any general rules for treatment technique since every case is unique, yet certain procedures are followed. After the first few days a tentative plan is worked out for each boy. In most of the cases direct counseling is found valuable: talking over objectively the child's difficulty with the child; getting him to view the situation objectively; working out units of behavior with him, things to do or to avoid doing; and in general providing a confidant. This airing of pent-up grievances is a first big step toward more desirable behavior and attitudes. Frequent re-counseling and appraising of situations follow after the initial establishment of a "rapport." The aim, of course, in this sort of treatment is to help the child see facts in their relative value. As the Sadlers say in discussing normal children, "Most important, however, the normal adolescent learns to substitute the facing of reality for the indulgence of fantasy." They continue, "Those who fail to make this substitution are doomed to suffer in later years from many nervous troubles—the so-called neuroses." [1]

As an example of direct counseling, let us take one case.

> Jerry M., I.Q. 139, C.A. 11–1, physical age about fourteen, could not get on with other boys. He was constantly quarreling, picking on other boys, being picked on, and frequently in tears. In spite of the seeming inconsistency, Jerry was not a quarrelsome boy, and he wanted dreadfully to get along.
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> Disregarding for the moment the causes of his conduct, which were tied up with certain other disabilities, Jerry was taught by direct counseling how to associate agreeably with other boys. He became much happier, was no longer rejected, and even acquired one or two friends. He and his leader talked over his troubles several times. Together they made a chart showing his strong and weak points. They made out a list of things "not to do" and "not to say" to avoid offending people. Each day Jerry tried to be particularly "nice" to some one in camp, and each day he picked out a bad quality to "overcome." It became a serious game to Jerry, and by the end of camp he had succeeded admirably in effecting a real change in the reactions of other boys to him. The carry over in this case to Jerry's home and school life has been reassuring. A real shift in behavior and attitude patterns was accomplished.

There are many kinds of indirect treatment, which usually means setting up a situation with controlled stimuli affect-

[1] *Piloting Modern Youth*, by William and Lena Sadler. New York: Funk and Wagnalls Company, 1931.

ing a child. Frequently both direct and indirect methods are used together.

> Silas I., I.Q. 78, C.A. 15–2, loved power and was often found at the bottom of certain undesirable situations. He was not a respecter of persons or camp rules. He had a record as a trouble maker at school.
>
> After trying fruitlessly to handle him with the other boys, the leader placed him in charge of a camp clean-up group. Never was a better job done. He was given frequent positions of leadership and responsibility, and the power satisfactions he received from them were sufficient to make him coöperative with the staff. Counseling accompanied the assignments, with the aim of making the boy's leadership less domineering. He felt himself a junior counselor. However, I doubt that he ever consciously understood why he became a good boy rather than a bad one! Recommendation that leadership and responsibility would help materially in keeping him out of trouble was made to his school principal. Many boys were found salvageable by techniques as simple as this.

The conventional controls were utilized, of course. Camp emblems were awarded to the boys who exhibited the greatest improvement in certain qualities: sportmanship, leadership, cheerfulness, helpfulness, honesty, and so forth. In some more stubborn cases of antisocial behavior, after all other techniques had failed, definite warnings were given. When the boy failed to observe them, punishment (usually in the form of work) was administered, always followed by "talking through" the difficulty with the child. In only two cases in the summer of 1935, with some of the most difficult problems in the Detroit schools, was physical coercion necessary.

Social controls—group approval and disapproval, both fairly easy to motivate and control—will guide desired conduct often till a "setting-in" process occurs and it becomes a habit. The same is true of attitudes. The way the gang looks at it is inevitably the way the boy looks at it.

Of the boys attending Camp Onawama during the 1934 season, over fifty had delinquency records. A study[1] of their records for the school year 1934–35 indicated that not one of that group had been in trouble during that year. This fact is not presented as a generalization, but as very interesting evidence. A like comparison will be made in June 1936 of the delinquents attending camp during the 1935

[1] See *1935 Report of Camp Onawama*, by W. E. Masterson. Detroit: Board of Education, 1935.

season. Results which these facts tend to substantiate argue strongly for further experimentation in the combined field of camping and guidance.

This observation was made at the 1935 camp. Of the avowedly problem boys—boys who had caused no end of trouble at school or elsewhere in the community—about 30 per cent could not be recognized as problems in camp. This was before any remedial work had been attempted. At first staff members were inclined to doubt the validity of the records sent from the city, but upon further study concluded tentatively that a large percentage of so-called problem children are not problem children at all when placed in an environment so constructed as to meet personality needs.

It has been asked: Why is camp such a desirable situation for guidance work of this type? Children's attitudes are much more postive in a camp than at school or at home because camp is a vacation, a special reward. For this reason they are unusually receptive and coöperative. The camp is a twenty-four-hour-a-day situation, while the school, after a six-hour day, returns the child to a home environment that often negates the school's efforts.

Ordinarily the satisfactions for the child's security and response drives lie in his home; these satisfactions shift when the child is shifted to another primary group. In this way the camp leader secures two additional, tremendously powerful tools for influencing adjustment and behavior.

In concluding may I say a word about personnel. The camp worker needs an aptitude for work with children rather than a high degree of specialization, either in activities or in psychology and sociology. It is the apperception gained through living with the child, the daily, face-to-face association in primary group activities, plus whatever the psychological clinic and school records have to offer, that comprises the real study of the child.

The keynote of the whole treatment program is intimacy. A fine manly counselor is an excellent example. The traditional teacher, accustomed to formalized school procedures and discipline with emphasis on subject-matter goals, is neither happy nor effective as a staff member. Needless to

say, the personnel should have some training in child and adolescent psychology, mental hygiene, guidance, and elementary sociology. A camp worker's attitude should be one of open-mindedness, sympathy, and firmness. Above all the counselors and directors should have a wholesome adjustment themselves, and be happy individuals whom children like.

MENTAL DEFICIENCY IN A CLOSELY INBRED MOUNTAIN CLAN*

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THE group with which this study is concerned lives chiefly within two geographical saucers, known as A—— Hollow and B—— Hollow, the latter traversed by L—— River. The principal climatic characteristics are cold, but not severe winters, warm summers, ample precipitation, and abundant sunshine.

The earth is not generous to these people, however, for the rocky soil makes cultivation a difficult and discouraging task. With the exception of an occasional potato patch on the mountain side, there is little evidence of any intensive effort at farming. There is also very little here in the way of live stock. A dilapidated hut claims occasional ownership to a badly used horse, but cattle and poultry are absent to a marked degree.

The homes are shelved along the sides of the hollows and are rather inaccessible except by foot or horseback. Weather-beaten log cabins, with occasional windows and massive chimneys, predominate. Usually ten and sometimes as many as eighteen people are housed in these one-room huts, all eating, sleeping, and living together around the hearth.

The furniture generally consists of high wooden beds that have outlived their first occupants. An occasional rocking chair, a box or two, and a battered table complete the furnishings. Faded newspaper photographs of Theodore Roosevelt, Wilson, and the American flag usually form the sole wall decorations. Crevices in the walls are stuffed with newspapers or cloth to keep out the wind and cold during the long winter months when the family is huddled together around the fireplace.

One of these hovels may be taken as representative of all. Picture a one-room log hut with hardly a chink between the

* The names used in this article are fictitious.

logs, a floor of dirt, uncarpeted, and a curtainless, glassless window. At the time of our visit the room contained an old cook stove, two chairs, and two beds with dirty, ragged coverlets. In the room were three grown boys, all imbeciles, all illegitimate,[1] one stretched out on a filthy bed in a drunken stupor. There was not a normal human being in the room. No one was working; no one was rocking; no one was talking; it seemed that no one was even thinking.

Isolation has been one of the greatest determining factors in the lives of these people. Until very recently the topography of the country made transportation and communication between this section and adjacent territories impossible. This factor, combined with the indifference of the people themselves, has made contacts with the outside world very rare, the sole "invaders" being the country doctor or the less welcomed revenue officer.

Fifty miles from the nation's capital lives this most unusual clan, within half an hour's ride from a large state university. Yet had the group been transplanted four generations ago to some remote barbaric island, it could not be more completely isolated from our present-day civilization. Investigations in this region make one feel that one has been actually thrown back at least a century. It is difficult to visualize a group of people so totally unaware of the march of time or the progress of civilization. They are completely ignorant of such major events as the late war and the world-wide depression which have literally brought about social upheavals. An area of three square miles is for them the beginning and the end of the world. They are not even curious as to what is going on beyond their native hollows. Knowing little or nothing of the world outside, they look upon the rest of humanity as hostile. Shotguns and muskets effectually resist all efforts at improvement or assistance. They are quite adept in the use of these arms and not at all reluctant to use them. Revenue officers and unwelcome city invaders are effectively kept at a distance.

[1] The term "illegitimate," as used in this paper, implies, not children born out of wedlock, but children whose fathers were other than the men with whom the mothers were living at the time of birth. In many instances, these people live together all of their lives as husband and wife with no legalization of the tie. In cases of that kind the children are not registered as illegitimate.

Legend has it that the clan is descended from a group of hired Hessian soldiers of the Revolutionary period, which included criminals as well as a generally shiftless stock. However that may be, this group of defective people have been interbreeding amongst themselves to such a degree that in a community of five hundred individuals, every member of the present generation can be traced back five generations to the same origin. It has been customary for the young people to marry within the hollow, and those few who find mates outside seldom return. Thus new blood is rarely injected into this closely knit clan. The group of approximately one hundred that we have been able to study and observe most intensively is directly the result of close inbreeding. First-cousin marriages are the rule rather than the exception, and we have examples of actual incest. The mountain mores in relation to marriage are not unlike our companionate unions, but in the opinion of the writer a far more lasting arrangement. The pattern has been carried out for the past four generations and found to work satisfactorily for all concerned. Unimportant details, such as a "sheet of paper," signifying legal marriages, are omitted. Marriage, for these people, needs no outside control. As one young mountaineer explained, traveling to the far-off county seat ten miles away was hardly worth while, "fer jist a slip o' paper with writin' on et." Illegitimacy is one of our cultural problems with which they have not burdened themselves. The children born prior to "marriage" are treated exactly like those that arrive later. Under one roof it is not surprising to find fifteen children, grandchildren, and parents, with the percentage of what we call legitimacy having just a slight edge over the illegitimate among them. Childbirth is enough of a problem for them without trying to keep records of the earlier arrivals and their "lawful or legitimate brethren."

There are forty houses in B—— Hollow and a population of three hundred people. Approximately one hundred bear the surname A——, one hundred the surname B——; the rest are closely related. Most of these people own their little huts and small plots of ground; many, however, live on their parents' property. About 80 per cent of the families are land-owners, while the remaining 20 per cent are squatters.

There is little semblance of religion among these people, but some few do belong to the Dunkard or Brethren Church, which is akin to the Mennonites. The Episcopalians have exerted some beneficial religious influence through their extensive missionary programs.

Games and music are rather rare. Banjos and graphophones, however, were occasionally found. The children have invented a game with the descriptive title of "Catching the Moonshiner." The attitude of the community toward the law is that it was made for the benefit of the better classes and has no moral claim upon the poor.

Those members of the clan who felt the need for material gain many years ago instituted the much popularized industry of moonshining, "blockading," as it is called by the participants. The tradition of operating stills has been transmitted from generation to generation and the intriguing, but rather hazardous occupation has provided a very generous income. Government authorities have attempted to wipe out this industry; shortsightedly, however, they have neglected to substitute another form of livelihood to replace the illegal one they combat so conscientiously. It should be borne in mind that this occupation was primarily a means toward providing necessities for the family. The moonshiner carried on simply because there was an insistent demand for his product from the adjacent urban communities. A relatively small percentage of it was used for home consumption.

The rôle of the women in this society is primarily to bear offspring. The problem of pregnancy is solely the woman's concern, from the conception to the actual delivery. In the majority of cases, the delivery is handled to a great degree by herself, occasionally with the unskilled assistance of some neighbor who has passed through the same ordeal. Often the husband takes enough interest to assist by cutting the umbilical cord with his pocket knife, ordinarily used for cutting tobacco wads.

Occasionally, with a more generous husband, the mountain woman is indulged to the extent that a very unsightly and unscientific midwife is called in. In extreme cases where complications and difficulties for child and mother arise, the local doctor is sent for. For any but radical cases this procedure

is looked upon by kinsfolk and others as a most unnecessary and extravagant form of indulgence. As one old mountaineer expressed it, "Ef she got along with the eleven others, 'taint no use to make any special fuss over this un comin'."

The actual delivery usually takes place on a filthy bed with other children in the room, usually too young or too indifferent to take any active part in the proceedings. Hygienic precautions relating to childbirth are completely disregarded. It is not unusual to find a woman back at hard work three days after the delivery of her child.

The average age of so-called marriage seems to be sixteen and childbirths take place in rapid succession for the next ten to fifteen years. Though natural resources are not available to these mountaineers, we do find that they are not lacking in that most important asset to a race, children. Small families are unheard of in these sections. As one of the old women put it, "the first dozen jist natchally come," her meaning being that this is the usual average, eight being a minimum and the complete family ranging in number from ten to twenty. All new arrivals are welcomed, and though there is little to begin with, it is made to suffice for all present and expected additions.

Because principally of inadequate records and failure to report births and deaths, of both of which there are a great number, the rate of infant mortality is very inaccurately known, and therefore no conclusions can be drawn for statistical or comparative purposes. The rate, however, is undoubtedly high, though after once passing their third year, the children seem to thrive quite well.

The women age very rapidly. Soon after thirty, they show signs of decline and they do not live to be much older than sixty-five. This is readily understandable, in view of the hardships and sufferings to which they are subjected during their younger days. In addition to excessive childbearing, with its consequent burdens, no tasks are considered too difficult for the woman of the mountains. There is little time for her to sit about idly, smoking her much beloved corncob pipe. Each season of the year brings new labors and tasks for her to perform. There are always the household duties, cooking and washing, in addition to helping the menfolk with the corn

crop, carrying firewood, spring water, chopping or sawing wood, and a limitless number of other chores to be done before the sun sets and she goes to rest.

"Old Nance" is a good example of the character and philosophy of the women of this group. Though years of toil and strife have left their indelible stamp on her, she has gained the respect of her household. Neighbors commonly seek medical as well as matrimonial advice from "Old Lady Nance." Instead of making her cynical and bitter, her teachers, hardship and suffering, have given her understanding and sympathy. She stands guard over her brood and admirably showers much attention on those feebleminded children whom she describes as "not bein' over-bright."

This strong sense of maternal responsibility and devotion displayed by "Old Nance" helps to explain why she is referred to as "the grand old lady of the Hollow." She has no sense of self-consciousness about having borne three "not over-bright uns" out of eleven; according to comparative standards in the locality, this actually is not a bad average. Her philosophy is a combination of fatalism and superstition. Her life has been hard, but no harder than that of her mother or her grandmother, so why should she rebel or complain? In her younger days she was given orders and her duty was to carry them out; to-day, thirty to forty years later, she is at the helm and getting the respect due her. Since the father of the family was burned to death while in one of his many drunken stupors, she has assumed the chief rôle. Now that she is directing the family, the more menial and arduous tasks are performed under her direction. Her orders are given out in a majestic manner and silently the household executes them. She alone can direct and control the actions of her three full-grown, feebleminded sons. Like vigilant watch dogs, they eye suspiciously all strangers who approach "Old Nance" and at a word would willingly pounce on any unwelcome intruders, if need be with aid of the axe which they have learned to handle with comparative ease. Chopping wood under Old Nance's supervision is the one form of work they are able to carry out with some degree of success.

But she, too, does not shirk duties even in her declining years. Cane in hand, she goes scrambling over mountain and

hollow with the perseverance and endurance of a well-trained athlete. Though physically she appears to be ready for a wheelchair in some institution, it was astounding to see her hobble over rocks, brooks, and fallen trees. One often saw her descend to the depths of the valley and then climb to the heights of the sloping cliffs to call one of her brood who had wandered off into the adjoining hollow, her shrill voice piercing the quiet of the mountains like the coyote's call. A walk of five miles over mountains and streams to visit a nearby neighbor or relative is not too much of an effort for "Old Nance."

How does the general resistance of this group compare with that of the world outside? What diseases are most prevalent among them? Is their mental condition traceable, in part, at least, to remote dietary causes? The following remarks of the Rockefeller Sanitary Commission, after a recent study of this problem, are of some significance:

> "That hookworm infection is widespread throughout the mountains, the investigations of the Rockefeller Sanitary Commission have demonstrated beyond question. It would be easy to cite many instances observed in schools where severe cases of hookworm infection, when treated, have shown such marked improvement as to establish this cause as a prominent one affecting the mental as well as the physical condition of the mountain child. . . . Many conditions existing in the mountain child are probably due in part to a poorly balanced diet. Large numbers of the children are insufficiently nourished, and it is not uncommon for some to gain within a comparatively few months twenty or more pounds under the better prepared and more regularly served meals of a school."

Contrary to popular belief, food is not plentiful in these wide open spaces. The food found in this area is almost exclusively limited to the poorly balanced diet of corn, meal, and dried fatback. The cost of feeding livestock has rendered the maintenance of cattle of any kind for purposes of food beyond the means of the majority. Thus even this meager supply of protein has been removed.

Among the families observed, the diet consisted primarily of corn pone, potatoes, meal, and coffee. Occasionally milk and preserves were added to the menu. These foods obviously lack the elements necessary for a well-balanced diet. The monotonous repetition of this diet, particularly through the winter months, makes it nutritively undesirable.

A doctor who has been practicing in this region for many years offered the following partial explanation of why liquor is used in such abundance here:

"Their diets vary little from one day to the next. Their appetites become very dull and the addition of 'corn whisky' to pottage, soups, and coffee is a common practice. Food thus becomes more palatable and dull appetites are stimulated."

The hollow unfortunately has become barren of wild life. Even the seasonal supply of game has been exhausted. Occasionally we find a family with sufficient foresight to store up winter supplies of varied foods. An array of dried beans hanging on the walls, with snow on the ground, is a typical picture. Milk is a rarity, and many families go throughout an entire winter without tasting milk, butter, or eggs.

Lacking the faculty for self-improvement, these people are slowly undergoing racial disintegration. The vigorous health we habitually associate with the wide open spaces of the mountains unfortunately is not exemplified by the region in question. It is true that the houses are far apart with plenty of room between, but the occupants of each tiny hut number anywhere from twelve to eighteen. Considered individually, these mud-plastered hovels in the wide open spaces present the same problems as the crowded tenements of a city. In many of the huts visited, eight none-too-well-bathed children slept side by side on one filthy straw mattress. Individual towels, and still rarer luxuries like individual tooth brushes, are unheard of in these areas; such scarce toilet articles are common property. The spread of contagious and infectious diseases under such conditions is not difficult to understand. Diseases are not restricted to one household, but rapidly spread to the entire section. Quarantine regulations are rarely respected. Many other indispensable principles of personal cleanliness and sanitation are entirely disregarded. The drinking water is given little protection against pollution. Seepage from points of collected filth seems almost inevitable. Even the much popularized outhouse is not in use.

Here we have a group of people without the slightest conception that they are living under unhealthy conditions. They accept typhoid epidemics with a stoical attitude, feeling that

they are inevitable phenomena of nature. The rate of this disease in the mountains is 28.3 per 100,000 as against 15.6 for the rural section of the United States registration areas. Some authorities have suggested that typhoid fever, tuberculosis, and hookworm were brought into the mountains by soldiers after their return from the Civil War. Workers in the field of cancer may be interested to learn that comparatively little if any cancer was noted in several generations of the families under consideration. Syphilis and other venereal diseases were comparatively rare among these people until very recently.

High mortality results from diseases of the respiratory tract. This can be partially explained by the inadequate clothing worn by children as well as adults during the cold spells. Measles also are responsible for many deaths.

The following brief account of mental conditions in the A—— family through several generations illustrates concretely the results of inbreeding between members of a defective stock. All the information that could be obtained in a limited time was included. No verbal evidence as to the mental condition of an individual was accepted. In every instance the evidence was corroborated by some medical or hospital record.

Of the ninety-seven members of the A—— family included in the study, approximately 40 per cent were definitely proven feebleminded. Many of them were tested with the Binet test and all of the living were examined at a state hospital. There can be no doubt of the mental status of these cases. Of the entire number, but twenty-four were normal individuals.

The first union concerning which we have authoritative records was the marriage of Stephen and Posey. Eight children were born of this union. The first, a son, was said to have been mentally normal, but he died at the age of eighteen, cause unknown. Bessie, the second child, was feebleminded and afflicted with congenital hip dislocation. She gave birth to an illegitimate child who died in infancy.

The third child, Lydia, is living to-day, seventy years old and well preserved except for being slightly rheumatic. She married Mark M., who was burned to death in his still while drunk. This couple had nine children, six of whom are feeble-

minded. Two normal sons left home and joined the army. There is also one apparently normal daughter, who has had an illegitimate child. Three full-grown boys are imbeciles, totally dependent for their existence on their mother. The other feebleminded son was killed in a fight. Of the two feebleminded girls, one married a feebleminded man, and both she and her husband are now inmates of a state hospital. All of their six children are feebleminded.

James, the fourth child of Stephen and Posey, was feebleminded and afflicted with congenital hip dislocation; he died in the almshouse. Henry, the third son, feebleminded and physically weak, died from Bright's disease at the age of thirty-two. The sixth child, a boy, who died at the age of twenty, and the seventh child, a girl, born in the almshouse, were both feebleminded and both also suffered from congenital hip dislocation. The last child, Molly, who died in the state hospital, married Franklin, who was burned to death while in a drunken stupor.

Franklin's family history is also of interest. He had three brothers, all feebleminded. The oldest married a feebleminded girl, and the couple had two children, a feebleminded boy and a deaf girl. The latter married and has had five children; two have tuberculosis and one a cleft palate, one is an idiot and another feebleminded. The last two, sister and brother, have had two children—a hydrocephalic baby who died in infancy and a peak-headed monster, who was dead at birth. At the present writing the girl is carrying her third child, also attributed to the defective brother. The fate of this child will undoubtedly be the same as that of the preceding two.

Another of Franklin's brothers married a tuberculous girl. All of their three children were feebleminded girls; two died of cancer and the third married a feebleminded man, who was finally committed to a state institution. Before this, however, the couple had eight children, all feebleminded.

To return to Franklin and Molly, we find that they had six children, three of whom, two boys and a girl, were feebleminded. Annie, the daughter, was the youngest imbecile inmate of the almshouse. She was not married, but had had one illegitimate child whom she smothered to death. One of her

feebleminded brothers, Stephen, was sent to jail twenty-five times and the penitentiary twice. He married Ella, an apparently normal woman, and they have had three apparently normal children. Harry, the other feebleminded son of Franklin and Molly, had a congenital hip dislocation and died in the almshouse at the age of thirty-two. Of the three children, all girls, said to be normal, one, Lucy, had had an illegitimate child who died in infancy. Another married a man who was committed to the penitentiary for murder.

Two practical questions suggest themselves to us at this point: What have we done so far about the problem? and, What is there to be done in the future to prevent the perpetuation of this cycle?

Steps are being taken now to acquaint the more intelligent members of the community with the seriousness of their problem. Their help is needed in order to get the necessary coöperation from the clan. In view of the present inadequacy of medical science in curing these mental ills, the only alternative seems to be the prevention of further propagation by sterilization. The dramatic example of a sibling union of two defectives giving rise to two children, one a hydrocephalic who died after two months and the other a peaked-headed monster who died in infancy, would seem to leave little room for opposition on moral grounds. From an unbiased point of view, it is difficult to understand why a mute, imbecile mother should be permitted to bear children. One such mother in the group under discussion is now carrying her third child.

In conclusion, I would state that this study was undertaken with the sole purpose of bringing to light information that would arouse interest in a vital problem, one that has been relatively untouched during the past hundred years. The life of even one individual is of great importance, but we have here, at a conservative estimate, the lives of several hundred people in the present and an inestimable number to be considered in future generations.

NEW DATA RELATIVE TO INCIDENCE OF MENTAL DISEASE AMONG JEWS*

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FOR many years the psychiatric world has undoubtedly been of the belief that there exists an unusual propensity among Jews toward the development of mental disorders. This belief appears to rest partly upon general observation, and partly upon certain historical facts, from which it was reasoned deductively that there must be a disproportionate amount of mental disease among Jews. We are told that Jews belong to a minority group, and that there is a tendency in such groups to respond with feelings of inferiority in ways that encourage the development of psychoneurotic trends. Since Jews have undergone long periods of persecution, and have been compelled through the force of circumstances to live under unhealthy social conditions, such as excessive degrees of urbanization and a too great attachmen to purely intellectual pursuits, it seemed self-evident that the ground must have been fertile for a crop of mental disease.

Attempts have been made to bolster such deductive reasoning by appeals to the general experience of practicing physicians, especially psychiatrists and neurologists. The late Dr. Fishberg summarized much of the opinion of this type in his book on the Jews, in which he wrote as follows: "Nearly all physicians who have practiced among the Jews agree that derangements of the nervous system are frequently met with among them. This impression has been largely gained by observing the intense worry and anxiety displayed by relatives and friends of patients in cases of even slight illness. . . . The Jews are more affected with the so-called functional nervous affections, especially neurasthenia and

* A revision of a paper read at the National Conference of Jewish Social Service, Lake Placid, New York, June 16, 1935.

hysteria, and most of the physicians who have an extensive experience among the Jews testify that hysteria in the male is a characteristic privilege of the children of Israel."[1] This view is also held by Dr. A. Myerson who wrote: "There need be no difference of opinion about the liability of the Jews to psychoneuroses. Step into any clinic for nervous diseases in any large city in Europe or America and the Jew is unduly represented amongst the patients."[2] Dr. Southard, however, attempted to explain this away on the ground that Jews are more inclined to seek medical advice and treatment than are non-Jews, and that their apparent statistical excess is, therefore, purely adventitious.[3]

These views are based almost entirely upon general impressions, not upon accurate statistical enumeration. Whether it be true or not that there is a disproportionate number of Jewish psychoneurotics, there are sound reasons for holding a suspended judgment with respect to views based solely upon general impressions or observations. It is well known that it is the striking and, therefore, the unusual that generally remains in the imagination. And a Jewish psychoneurotic, it may be agreed, is striking enough in his outward behavior. Whether, however, it is possible to generalize such results is exceedingly doubtful. One may even say that it is dangerous to draw conclusions from general observations, for there is a plethora of evidence from other fields to indicate that accurate, precise measurements and rough estimates are not always in agreement. Two examples may be cited from anthropometry. It was long believed that the size of the forehead is an index of intelligence. Not until recent years, with the introduction of exact measurements and the use of correlational analysis, was this belief overthrown. Another example is the belief fathered by Lombroso concerning the physical differentiation of criminals from the general population. Without careful measurements one would hardly suspect the degree of error involved in such an

[1] *The Jews: A Study of Race and Environment*, by Maurice Fishberg, M.D. New York: Charles Scribner's Sons, 1911. p. 324.

[2] *The Nervousness of the Jew*, by A. Myerson, M.D. MENTAL HYGIENE, Vol. 4, January, 1920. p. 65.

[3] *The Kingdom of Evils*, by E. E. Southard, M.D., and Mary C. Jarrett. New York: The Macmillan Company, 1922. p. 328.

apparently self-evident proposition. Yet the exceedingly careful and thorough work of Dr. Charles Goring showed that the foundation for such a belief existed only in the imagination. So it may well be with respect to the belief in the alleged predominance of Jewish psychoneurotics. Until we have statistics of a basic kind, carefully standardized, it will not be possible to give a definite answer to this question.

Aside from the general impressions of physicians, a further basis for the belief in the unusual propensity of the Jew toward the development of mental disorders lies in the mass of institutional statistics, deriving for the most part from Germany. With but few exceptions, all of these investigations purport to prove that there is a higher incidence of mental disease among Jews than among non-Jews. I have examined these studies with care and am forced to the conclusion that taken as a whole they possess little value as evidence. They do not satisfy the criteria of an adequate measure of the incidence of mental disease. They were usually based upon statistics of patients under treatment, rather than upon admissions. With respect to the latter, they did not differentiate between first and readmissions. They neglected to account for such obvious differences as those arising from sex and age. Furthermore, they usually compared a completely urbanized Jewish population with a non-Jewish population that was rural to a large degree. For these reasons it is impossible to base upon these earlier studies a correct judgment as to the relative prevalence of mental diseases among Jews and non-Jews. Furthermore, most of these studies did not even deal with the quantitative aspects of mental disease. They merely showed that among a group of Jewish patients the several groups of mental diseases appeared in certain proportions, and that the corresponding percentages among non-Jews were greater or less, as the case may be. Interesting as such differences may be, however, they bear no relation to the actual prevalence of mental disease.

For reasons set forth in earlier papers,[1] I considered statis-

[1] *The Prevalence of Mental Disease Among Jews* (MENTAL HYGIENE, Vol. 14, pp. 926–46, October, 1930) and *Mental Disease Among Jews* (MENTAL HYGIENE, Vol. 15, pp. 766–74, October, 1931).

tics derived from New York State as affording satisfactory evidence of the relative prevalence of mental diseases among Jews and non-Jews. I showed that in 1920 the Jewish population of New York State contributed 44.7 first admissions to the New York civil state hospitals per 100,000 general Jewish population. The non-Jews had a corresponding rate of 69.2. A further comparison for 1927 showed that the Jews of New York State had a rate of first admissions of 42.3, compared with 75.1 among non-Jews. To make the comparison still more valid, I limited it to New York City for the year 1925, and included first admissions to all institutions for mental disease, whether public or private. On this basis Jews had a rate of 42.7, non-Jews, 81.1. Not only did the Jews have a lower rate with respect to all psychoses; they also had lower rates for each of the more important groups of mental disease. Thus Jews had a rate of 16.0 for dementia praecox, non-Jews 23.5. In the manic-depressive psychoses, Jews had a rate of 10.0, non-Jews 11.3. In general paresis, the rates were 4.2 and 10.3 for Jews and non-Jews, respectively. In the alcoholic psychoses the Jewish rate was only 0.1, compared with 5.9 among non-Jews.

These rates were derived from an analysis of the largest Jewish population in the world, exclusive of that of Eastern Europe, for whom sound statistical data are not available. The number included far exceeds any of those cited in the numerous German studies, and consequently the results for New York State are of exceptional significance. In order, however, to rule out the possibility of chance results, I made similar analyses for the states of Massachusetts and Illinois, both of which not only have large Jewish populations, but possess excellent systems for the care of the mentally diseased and provide standardized statistics. During the years 1926–1928, the Jews of Massachusetts had an average annual rate of first admissions of 31.2, compared with a rate of 73.6 among non-Jews. In Illinois, Jews and non-Jews had average annual rates of first admission of 29.6 and 64.2, respectively, during the years 1926–1928. In each of the individual groups of psychoses, Jews again had lower rates than non-Jews. Thus, with respect to dementia praecox, Jews had a rate of 11.4 in Massachusetts, non-Jews a rate

of 16.2. In Illinois the rates were 13.7 and 16.0 for Jews and non-Jews, respectively.

The three sources of evidence are, therefore, in accord with one another, and indicate that far from having a disproportionate amount of mental disease, Jews actually have less mental disease than non-Jews. We may draw one further inference from the preceding studies. As explained above, it has been assumed that Jews have a disproportionate frequency of psychoneurotics. Other things being equal, we should, therefore, expect to find relatively more Jewish than non-Jewish psychoneurotics in hospitals for mental disease, even though it may be admitted that hospital data are not complete from this point of view. In Massachusetts and Illinois, however, the rate of first admissions for the psychoneuroses was lower among Jews than among non-Jews. In New York the Jewish rate was only slightly higher, a result of no statistical significance. Hence we may feel further justification for our earlier criticism of the prevailing psychiatric point of view concerning the prevalence of neurotic individuals among Jews. Whatever facts may ultimately be disclosed as to the racial distribution of the psychoneuroses, however, the preceding data appear to indicate clearly that, with respect to the more severe types of mental disorders at least, Jews have less than their proportionate quota.

The belief in the existence of an excessive amount of mental disease among Jews is so widespread and so deeply rooted that it seems worth while to present additional evidence in support of the contrary views maintained above. Such an opportunity is afforded through an analysis of certain census data for the foreign-born made available in connection with the Federal census of April 1, 1930.[1] Foreign-born residents of the state of New York deriving from Poland, Russia, and Austria were classified according to mother tongue. Those from Poland, for example, were described as speaking Polish or Yiddish. Those reporting Yiddish as their mother tongue may clearly be classified as Jews. It does not follow that all those reporting Polish as

[1] *Age of Foreign-born White Population.* Published by the United States Bureau of the Census. Washington: Government Printing Office, 1933.

their mother tongue are of Polish extraction, for it is probable that an unknown total of Jews must have returned Polish, rather than Yiddish as their mother tongue, and hence been included in the census statistics with the Poles rather than with the Jews. The same source of error is inherent in the Russian and Austrian groups, especially among the latter. Thus it is almost certain that no Austro-German reported Yiddish as his mother tongue, whereas it is equally probable that a large total of Austrian Jews reported German as their mother tongue. Hence the total of Jews derived from these sources is probably an underestimate of the correct total of Jews, and an overestimate of the non-Jews. The result is that the Jewish rates of first admission derived from such a source will be too large, the non-Jewish rates too small. Nevertheless, the data are of value in a study of rates of mental disease, for it will be shown in the succeeding analysis that despite the preceding source of error, these foreign-born Jews have lower rates of first admission than have all white foreign-born in the state of New York.

Included in the analysis are 146,836 Jews from Poland, 76,879 from Austria, and 367,210 from Russia, a total of 590,925. Of these, 297,977, or 50.4 per cent, were males, and 292,948, or 49.6 per cent, females. During the three fiscal years ended June 30, 1931, there were, among first admissions to all institutions for mental patients in New York State, 1,490 Jewish patients who were born in either Poland, Austria, or Russia. Of these 670, or 45.0 per cent, were males, and 820, or 55.0 per cent, females. The distribution of the psychoses among this group of first admissions is shown in Table 1.

Of the total first admissions, 502, or 33.7 per cent, represented dementia praecox. The manic-depressive psychoses included 250 cases, or 16.8 per cent of the total. Psychoses with cerebral arteriosclerosis included 13.0 per cent. These three groups of psychoses included almost two-thirds of the total. Other groups of numerical significance were general paresis and senile psychoses, which represented 8.7 and 7.7 per cent, respectively.

Sex differences are indicated as follows. General paresis included 14.9 per cent of all the male first admissions, but

TABLE 1.—JEWISH FIRST ADMISSIONS, BORN IN POLAND, RUSSIA, AND AUSTRIA, TO ALL INSTITUTIONS FOR MENTAL DISEASE IN THE STATE OF NEW YORK, FISCAL YEARS 1928–1931

Psychoses	*Number of first admissions*			*Per cent of total first admissions*			*Average annual rate per 100,000 population*		
	M	F	T	M	F	T	M	F	T
Traumatic	11	8	19	1.6	1.0	1.3	1.2	0.9	1.1
Senile	26	88	114	3.9	10.7	7.7	2.9	10.0	6.4
With cerebral arteriosclerosis	89	104	193	13.3	12.7	13.0	10.0	11.8	10.9
General paresis	100	29	129	14.9	3.5	8.7	11.2	3.3	7.3
With cerebral syphilis	12	3	15	1.8	0.4	1.0	1.3	0.3	0.8
With Huntington's chorea	2	1	3	0.3	0.1	0.2	0.2	0.1	0.2
With brain tumor	1	...	1	0.1	....	0.1	0.1	....	0.1
With other brain or nervous diseases	14	11	25	2.1	1.3	1.7	1.6	1.3	1.4
Alcoholic	9	...	9	1.3	....	0.6	1.0	....	0.5
Due to drugs and other exogenous toxins	...	...	...	....	....	....	....	....	....
With pellagra	...	...	...	....	....	....	....	....	....
With other somatic diseases	8	18	26	1.2	2.2	1.7	0.9	2.1	1.5
Manic-depressive	79	171	250	11.8	20.9	16.8	8.8	19.5	14.1
Involution melancholia	15	38	53	2.2	4.6	3.6	1.7	4.3	3.0
Dementia praecox	230	272	502	34.3	33.2	33.7	25.7	30.9	28.3
Paranoia or paranoic conditions	6	7	13	0.9	0.9	0.9	0.7	0.8	0.7
Epileptic psychoses	10	12	22	1.5	1.4	1.4	1.1	1.4	1.2
Psychoneuroses and neuroses	10	17	27	1.5	2.1	1.8	1.1	1.9	1.5
With psychopathic personality	24	12	36	3.6	1.4	2.4	2.7	1.4	2.0
With mental deficiency	14	18	32	2.1	2.2	2.1	1.6	2.0	1.8
Undiagnosed psychoses	8	10	18	1.2	1.2	1.2	0.9	1.1	1.0
Without psychoses	2	1	3	0.3	0.1	0.2	0.2	0.1	0.2
Total	670	820	1,490	100.0	100.0	100.0	74.9	93.3	84.0

only 3.5 per cent of the female. On the contrary, the senile psychoses and the manic-depressive psychoses included greater percentages of the females.

The table indicates, as usual, that the functional psychoses predominate among Jewish first admissions. Preceding studies have indicated that the same is characteristic of non-Jews, but the relative difference between the functional and the organic groups is less among the latter.

Average annual rates of first admissions among the foreign-born Jews are also shown in Table 1.

The foreign-born Jews had 84.0 first admissions per 100,000 population. The males had a rate of 74.9 compared with a rate of 93.3 among the females. The higher rate among the latter is noteworthy, as in other racial and nativity groups the male rate always exceeds that of the females. Even in our earlier study of the Jewish insane in New York City, which included both native and foreign-born, we found the male rate in excess of that of the females. It is probable, therefore, that there are special stresses among immigrant Jewish females which bring about the discrepancy. In any case, however, Jewish males and females both had lower rates of first admission than all white foreign-born.[1] Among the latter the males had a rate of 125.5, compared with a rate of 74.9 among Jews; that is, the former was in excess by 67.6 per cent. Among females, the rate of the foreign whites (104.0) exceeded that of the foreign Jews (93.3) by only 11.5 per cent, however. The difference in the latter rates may, nevertheless, be regarded as significant in view of the fact that the Jewish rate is clearly overestimated. As the several populations differ with respect to age, which is a decidedly important factor in determining the incidence of mental disease, it is necessary to determine the rates when the age groupings are comparable. Rates of first admissions were, therefore, standardized for both groups, the population taken as standard being that of the state of New York, aged fifteen years and over, as shown by the census of April 1, 1930.

[1] Rates of foreign-born taken from a study entitled *Mental Disease in New York State According to Nativity and Parentage*, by Benjamin Malzberg. MENTAL HYGIENE, Vol. 19, pp. 635–60, October, 1935.

These rates are shown in Table 2. On such a basis the foreign-born had a rate of 108.8, the Jews a rate of 92.3, the former being in excess by 17.9 per cent. Among males the rates were 120.1 and 85.6 for all foreign-white and foreign Jews, respectively, the former being in excess by 40.3 per cent. The foreign-born Jewish females had a standardized rate of 96.7, compared with a rate of 95.7 among all foreign females. It must be borne in mind, however, that the former rate is undoubtedly overestimated in view of the fact that the census enumeration of the Jews was almost certainly an underestimate. That is to say, a correct count of the Jews would have increased the base of the rate and

TABLE 2.—STANDARDIZED RATES OF AVERAGE ANNUAL FIRST ADMISSIONS PER 100,000 POPULATION AMONG JEWS BORN IN POLAND, RUSSIA, AND AUSTRIA, AND ALL WHITE FOREIGN-BORN IN NEW YORK STATE, 1929–1931.

Psychoses	*Foreign-born Jews*			*All white foreign-born*		
	Males	Females	Total	Males	Females	Total
Senile†	11.5	37.7	27.6	25.0	33.5	32.2
With cerebral arterio-sclerosis†	30.3	34.6	33.5	50.1	39.3	46.0
General paresis*	9.4	3.1	6.2	16.2	3.6	9.8
Alcohol‡	1.1	....	0.5	11.4	2.1	6.7
Manic-depressive*	9.8	21.2	15.5	11.5	20.4	15.8
Dementia praecox*	36.0	31.7	33.7	37.4	28.7	32.8
All psychoses*	85.6	96.7	92.3	120.1	95.7	108.8

† Population of New York State aged forty-five years and over on April 1, 1930, used as standard.
* Population of New York State aged fifteen years and over on April 1, 1930, used as standard.
‡ Population of New York State aged twenty years and over on April 1, 1930, used as standard.

consequently have decreased the rate itself. It, therefore, appears reasonable to infer that the foreign-born Jews, both male and female, have lower rates of first admission than have all white foreign-born in New York State.

We may consider the relative rates of first admissions in the more important groups of psychoses. In order that the groups may be comparable, reference will be made only to standardized rates of first admissions.

Senile Psychoses.—All foreign white had a standardized rate of first admissions with senile psychoses of 32.2 per 100,000 population, compared with a rate of 27.6 among foreign Jews. Among males the corresponding rates were

25.0 and 11.5, respectively, the former being in excess by 117.4 per cent. Among females, however, the Jewish rate, 37.7, was slightly in excess of that of all foreign white.

Psychoses with Cerebral Arteriosclerosis. — All foreign-born whites had a standardized rate of first admissions of 46.0 per 100,000 population with psychoses with cerebral arteriosclerosis, compared with a rate of 33.5 among foreign Jews. Jewish males and females both had lower rates than male and female foreign-born in general, the difference being especially noteworthy among the males, among whom the rates were 50.1 and 30.3 for all foreign-born and Jews, respectively.

General Paresis.—All foreign-born whites had a standardized rate of first admission of 9.8 per 100,000 population with general paresis, compared with a rate of 6.2 among Jews. The difference was marked among males, all foreign-born and Jews having rates of 16.2 and 9.4, respectively, the former being in excess by 72.3 per cent. Among females, the Jewish rate was slightly less than that of all white foreign-born.

Alcoholic Psychoses.—There were only 9 cases of alcoholic psychoses among the foreign Jews, all of whom were males. They provided a standardized rate of first admission of 1.1 per 100,000 male population, compared with a rate of 11.4 among all white foreign-born males.

Manic-depressive Psychoses.—All foreign-born whites in New York State had a standardized rate of first admissions with manic-depressive psychoses of 15.8 per 100,000 population, compared with a rate of 15.5 among foreign-born Jews. Among males the rates were 11.5 and 9.8 for all foreign-born and for Jews, respectively. Among females, however, the Jewish rate (21.2) was slightly in excess of that of the foreign-born females.

Dementia Praecox.—Foreign-born Jews had a standardized rate of 33.7 per 100,000 population, with dementia praecox, compared with a rate of 32.8 among all foreign-born whites. The slight excess among Jews resulted from a rate of 31.7 among females, compared with a rate of 28.7 among all foreign females. All foreign males, however, had a rate slightly in excess of that of foreign Jewish males.

Taking into consideration the nature of the statistical

material, and the fact that the Jewish rates are consequently in excess of their probably true values, it seems clear that the rates of first admission are lower among foreign Jews than among comparable groups of foreign-born whites in New York State. The contrast appears especially significant among the males.

Further interesting results may be obtained through a comparison of the Jewish rates with those for the native population. One would expect the Jewish rates to be in excess of those of the native groups, since it has been shown elsewhere [1] that the latter group has, in general, more favorable rates of mental disease. Yet foreign-born Jewish males had a lower standardized rate for all psychoses combined than native males, the latter being in excess by 20.6 per cent. In the senile psychoses the excess of the native group amounted to 88.7 per cent. In psychoses with cerebral arteriosclerosis the excess of the natives amounted to 47.9 per cent. In general paresis the native group had a rate of first admission of 14.2, compared with 9.4 among foreign Jews, an excess of 51.1 per cent. In the alcoholic psychoses the contrast was even greater; native males and foreign Jews had standardized rates of 10.8 and 1.1, respectively. In the manic-depressive psychoses the rates were 9.8 and 10.4 for foreign Jews and natives, respectively. Only in dementia praecox was the rate of the foreign Jewish males in excess of that of all natives in New York State.

Foreign-born Jewish females, however, did not show such favorable rates in comparison with native females, though the excess is partly spurious, owing to the incomplete enumeration of the Jews. The Jewish rate was in excess by 21.3 per cent. In the senile psychoses the Jewish rate was considerably in excess, this amounting to 66.1 per cent. In psychoses with cerebral arteriosclerosis the excess amounted to 23.1 per cent. In general paresis and in the alcoholic psychoses, Jewish females had lower rates than the native group. In the manic-depressive group the Jewish rate exceeded that of the native by 44.2 per cent. In dementia praecox the rate of Jewish females was in excess by 58.5 per cent.

[1] *Ibid.*

It appears, therefore, that when foreign-born Jews are compared with the native population with respect to the prevalence of mental disease, the comparison favors the male Jews, but not the female Jews, though the latter have significantly lower rates of alcoholic psychoses and general paresis. The female picture is obscured, however, by the inaccuracies of the enumeration of Jews, as determined by mother tongue. It is well-known that because of more favorable environmental opportunities, the natives usually have lower rates of mental disease than the foreign-born. Yet such a comparison does not show foreign-born Jews in an unfavorable light. The more proper comparison, however,—namely, that of foreign Jews with the foreign white population of New York State—shows that Jews have less than their proportionate amount of mental disease, a result that corroborates the findings of the several preceding studies cited above.

We may summarize our results as follows:

1. Foreign-born Jews have a lower rate of first admission than have all white foreign-born in New York State.
2. The greatest differences are found in connection with the alcoholic psychoses and general paresis.
3. In the manic-depressive psychoses and in dementia praecox the differences between foreign Jews and all white foreign-born do not appear significant, though the Jewish male rates are slightly less than those of the latter group.
4. Foreign Jewish females have a higher rate of mental disease than have foreign male Jews, whereas among all foreign-born the males have a higher rate than the females.
5. The functional psychoses are relatively more prevalent among the Jewish insane than among all foreign whites.

BOOK REVIEWS

PSYCHOANALYSIS FOR TEACHERS AND PARENTS. By Anna Freud. Translated by Barbara Low. New York: Emerson Books, Inc., 1935. 128 p.

When these four lectures appeared in book form in German in 1930, the author laid the cornerstone for a new pedagogy, despite her modest claims in this direction. Now that this book is available in an American edition, which is similar in all but title to the British translation of 1931, it should quickly find its way into the many blind corners of American psychological research and teaching. The author speaks to teachers with an authority that is drawn from experience in both fields—first as a psychoanalyst and a pioneer in child analysis, in which she has developed a technique now widely followed by other child analysts; and second as one who has known the problems of teaching through several sources, her own early training and experience as a teacher and her analysis of many teachers, as well as of their pupils. It is this reviewer's observation that America has great need for this little volume. It will fill a unique void in the bibliographies of many an American book on child psychology. Its usefulness as a primer of fundamental psychoanalytic concepts, no less than its value as an original contribution to pedagogics, makes it an indispensable source book for teachers, for parents, and for all who have to do with children.

Psychoanalysis was the first to throw an objective light on the difficult behavior of children. While education long understood that the child of five or six comes into the school a well-formed personality, with behavior reactions that are often quite apart from the school's attitude toward him, it was not until the development of psychoanalysis that it became clear whence this personality came and from what factors forgotten by the child it was formed. In explaining the reasons for the phenomenon of infantile amnesia for the first five years of life, Anna Freud suggests that the fault of orthodox psychology has been its underestimation of the significance of those forgotten years, as well as the fact that it had no approach to them. Psychoanalytic technique has uncovered the content of those early years and has thus been able to discover in the child an instinctive and emotional development in relation to himself, to each of his parents, and to the other members of his family, which accounts for the ready-made reactions with which the child comes to school.

The emotional conflict known as the Œdipus complex, its resolution, and its relation to the character development of the child is nowhere more simply and naturally explained than in the first of these lectures. The relationship between child and mother goes beyond his physical need of her care and nourishment. In the positive tenderness that grows up between them lies the germ of jealousy of later brothers and sisters who will take away in part or entirely this complete love which he enjoys. When the beloved parent herself frowns upon his "evil" wishes toward them, this becomes a source of anguish and conflict to him. At the same time a more powerful conflict in relation to the father, who is indeed a more serious rival for the love of the mother, arises and awaits to be resolved as the boy enters his fifth and sixth years. Briefly, this is the background for the attitudes of jealousy, quarrelsomeness, timidity, violence, which the child brings with him from home to the school and presents to the unsuspecting teacher.

Education has always had intolerance for asocial behavior of this kind. With a long view of education, Anna Freud sees that the universal aim has been "to make out of the child a grown-up who shall not be very different from the grown-ups of the world around him. . . . It regards as child-like everything in which the child differs from the adult. . . . Education struggles with the nature of the child, or—as the grown-ups call it—with his naughtiness." And this naughtiness in school "only faintly reflects what is in him." In the pre-school child and the infant, the parent is confronted with an array of disagreeable behavior characteristics that runs the gamut from thumb-sucking, handling of dirt, greediness, to playing with the genitals, cruelty, and destructiveness. These annoying and uncontrollable acts are regarded by psychoanalysis not as arbitrary, disconnected perversities, but rather as "the normal, natural links in a predetermined chain of development" which must be regarded as an organic whole. In the normal unfolding of the instinctive life, the first five years are concerned with pleasure-giving activities centered first on one sensitive region of the body, the mouth, and progressively on other zones, the anus rising to importance with training in cleanliness, and later, in the fourth or fifth year, the genital organs. While the instincts urge gratification, education imposes prohibitions, fearing the dangers that might result from overgratification. Through warnings, threats of punishment directed at the offending organ, and withdrawal of love, the child is made to give up these interests, at first through pretense and fear, and gradually, by identification with the loved and feared ones, to deny that he ever had them and even to set up within himself standards by which to judge other offenders. Linked with his conflicting object

relations in the Œdipus situation, the fate of these instinctive urges is amnesia. This helps him step into the grown-up world; and at the same time it sets up the barrier which has been the stumbling block to the adult's understanding of this phase of early childhood.

Anna Freud's masterly picture of the child's instinctive life leads with inevitable logic to the psychoanalytic concepts of the unconscious; of repression, as pressure by adults against the child's inclination to remember; of reversal of these feelings into reaction-formations in order doubly to insure against their breaking forth; of the process of sublimation into socially useful channels; and of other fundamental psychoanalytical concepts. Her definitions, far from having the static formal quality of most definitions, keep the vital quality of the dynamic processes that she describes.

To follow with the author into the latency period, long recognized by education as the time for schooling, is not only to recognize the intellectual and social characteristics of this time, but to gain a new comprehension of the educational implications for the teachers of children of this age. The teacher of the child between the ages of six and twelve has a different rôle from that of the teacher of the pre-school child. He is no longer purely a parent-substitute upon whom the conflicting issues of the Œdipus complex are worked out. The transference, or the child's compulsion to repeat the patterns of infancy, now works with a difference. The new conscious interests of the child and the new standards of authority and judgment within him produce an ego cleavage which can become a factor in the teacher's hands for further educational purposes, if he is aware of what has happened. The teacher and the other pupils of the class are no longer just objects for the living out of the conflicts of the Œdipus situation and the sibling rivalries. Instead, the teacher is there also to make an ally of the super-ego and can create in his own person a "universal super-ego or ideal," and use it, with the group voluntarily submitting, for desirable educational and social ends. This differentiation of the rôle of the teacher in these two age periods is a fundamental contribution to the art and science of pedagogy. By removing the obstacle that the amnesia of infancy creates and by making use of the super-ego as a natural ally of the educational process in the latency period, education can become less of a struggle between the two enemy forces, the child and his self-interest against the adult with his socialized goal for him.

Educators are inclined to look upon pedagogy with some optimism and to believe in the educational process as a constructive one. Anna Freud shows how this can be so in reality, by showing how the educational process comes about. For all her sympathy with its problems, she views pedagogy with an objective eye. As a psycho-

analyst with a wide range of experience, she has been able to see at close range the effects of education and training on many children, the nature of their difficulties, and how psychoanalysis resolved the problems that education in the usual way could not resolve. With this insight, while she denies that there is as yet a new psychoanalytic pedagogy which can be generally applied, she affirms that there are three definite contributions which psychoanalysis makes to pedagogy. It offers the basis of a new criticism of existing educational methods. It extends the teacher's knowledge of human nature, and of the complicated relations between child and educator. Finally as a method of treatment it repairs the injuries that have been inflicted on the child in the process of education. A new principle for pedgagogy is the psychoanalytic division of childhood into the periods of infancy (up to five years of age), latency (six to twelve), and adolescence, with the specific characteristics normal to each period. This is basic for any understanding or judgment of the child's behavior or reactions in each period. Rebellion, for example, has a place in adolescence that it would not have in early childhood; and other characteristics, like cruelty and shamelessness, characteristics of the instinctive period, are symptomatic of disturbance if they are exhibited in other periods. The threefold nature of the child's personality—the instinctive life, the ego, and the super-ego—must also be understood by the teacher in order that he may recognize what part of the personality lies behind certain reactions which conflict with the environment or with the child's own contrary intentions. The issue of these conflicts must ultimately depend on the amount of libidinal energy at the disposal of the child, but the implications for parents and teachers who play such an important rôle in the formation of the childish super-ego are nevertheless considerable. In its therapeutic work psychoanalysis has had the opportunity of seeing what a hidebound super-ego the demands and standards set by the parents in childhood can form, and how hard and fast the judgments of this super-ego remain, how inadaptable to the changes of growth and external environment. On the other hand, in the neglected child, psychoanalysis shows how these early external checks have never been incorporated or transformed into inner restrictions. Education has not yet solved the dilemma of the child made "good" by the weight of its restrictions and the child left "bad" by too few. As stated by Anna Freud, "the task of a pedagogy based upon analytic data is to find a *via media* between these extremes; that is to say, to allow to each stage in the child's life the right proportion of instinct-gratification and instinct-restriction." Here is a task for analytically minded teachers who have learned that the manifest behavior of their pupils is insuffi-

cient ground for judgment and that the teacher-pupil relationship should not be one of unconscious abreaction. With insight into instinctive development on the basis of the child's interest in his body, and into emotional growth on the basis of a changing object-relationship, an objective light is thrown on the problems that confront pedagogy and on its techniques.

There is matter enough in this small volume, both theoretic and illustrative, to warrant many rereadings. In no other book have the basic principles of psychoanalysis been expounded with greater lucidity or simplicity, yet without simplification. It is true that to the unprepared public, psychoanalytic pronouncements have seemed to spring with the suddenness of Athene full-fledged from the brain of Zeus, and for this reason there has been unwillingness to accept them. It is, therefore, an added tribute to the skill of Anna Freud's style and approach that she is able to dispel these resistances by the naturalness and inevitability of her exposition. No one interested in mental hygiene can afford to miss this volume or to accept a review of it as an adequate substitute.

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New York City.

GROWTH. A STUDY OF JOHNNY AND JIMMY. By Myrtle B. McGraw. New York: D. Appleton-Century Company, 1935. 319 p.

In this latest addition to the Century Psychology Series, Dr. McGraw has attempted to present a comprehensive picture of the process of growth as illustrated by the relative accomplishments of the famous twins, Johnny and Jimmy.

As most readers of the daily press are aware, early in 1931, under the auspices of the Neurological Institute of the Columbia Medical Center, Dr. McGraw undertook to study the relative influences of practice vs. maturation upon the course of human development during the period of infancy. The method employed was that of co-twin control, a technique already made famous by Gesell. A pair of boy twins believed to be identical, who had been born at the Columbia Medical Center Hospital and for whom records were, therefore, available from the time of birth, were selected for the study, which was actively initiated when the twins were twenty days old. From that time on, the twins were brought to the laboratory regularly for five days a week, and kept there from 9:00 A.M. to 5:00 P.M.

From the beginning of the experiment to the age of twenty-two months, the activities of one twin, Jimmy, were restricted by keeping him in his crib behind a screen, while the other twin, Johnny, was given systematic daily practice in various selected activities, such as

reaching and grasping, climbing, getting on and off high stools, roller-skating, and swimming. Jimmy was, however, tested regularly to determine his proficiency in the skills in which Johnny was trained.

When the twins were twenty-two months old, their schedules were reversed. Johnny's training was discontinued (except for periodic tests) while Jimmy was now given the same kind of intensive training that Johnny had formerly received. Still later, both were tested for their ability to solve certain problems, resembling those made famous by Köhler and his apes, in which neither twin had received special training.

The results may be briefly summarized as follows: On certain activities, chiefly those manifested at a relatively early age, the untrained twin showed throughout a proficiency equal to that of the trained twin. For these skills, training seemed to be ineffective. In other skills, chiefly those acquired at a somewhat later age, the trained twin made far more rapid progress than did the untrained twin. When the schedules were reversed, however, the untrained twin also showed marked improvement, though in most cases his gain was less rapid than Johnny's had been at an earlier age. Bicycling was an exception to this rule. Here Jimmy showed more rapid improvement than Johnny had previously displayed. In the final experiment, when both twins were tested in situations which neither had previously mastered, no reliable differences in ability could be discerned, though it is stated that in their manner of attacking the problems, characteristic differences, similar to those displayed in earlier situations, were noted.

An outstanding difference between the twins was seen in their attitudes toward the learning of motor skills. Throughout, Jimmy was fearful while Johnny was self-confident. Jimmy cried where Johnny laughed. This raises the extremely significant question of the effect of early mastery of the environment upon subsequent attitude toward the environment. One would like to believe that we have at last found the secret of casting out fear. Unfortunately, however, this interpretation must be made with much caution, for as the twins developed, the diagnosis of biological identity which had been made at birth was called into serious question. The fact that from the very beginning Jimmy cried much more frequently than Johnny and showed a much more pronounced affective reaction to cutaneous irritation (pricking with a pin) leaves it an open question whether the training procedure alone or an original difference in what is popularly known as emotional stability is the main factor involved.

As the study progressed, it became evident that the data bore upon much broader issues than the initial problem of the relative influence of maturation and practice. The entire question of the nature and

manifestations of the growth process was involved. In its final presentation, therefore, the study is concerned first and chiefly with growth as a process and only secondarily with the differential development of the twins themselves. As a whole the book may be characterized as a brilliant attempt to analyze and describe the fundamental characteristics of growth as a process in which maturation and environmental stimulation are interrelated in an ever-changing manner. The principles governing this relationship are the basic principles of growth and of learning, which are but different aspects of the same thing.

Starting from this basic assumption, McGraw outlines a series of principles of organic growth in general and of the modification of behavioral growth through training and experience. She emphasizes particularly the tendency of all growth toward fixity and the consequent necessity of specifying the stage of development that a given activity has already attained when considering the extent to which it can thereafter be modified. There are critical stages in the development of an organ or an organism at which it is most subject to modification. As a rule, these stages are near the time of its origin. As maturation advances, resistance to modification increases.

Dr. McGraw distinguishes between two broad classes of behavior manifestations which she terms phylogenetic activities and ontogenetic activities. The former are defined as those which have functioned in the development of the species. On the whole, they are indispensable to normal human development. Ontogenetic activities are those which an individual may or may not attain. A further distinction is made on the basis of the type of neurological control. The behavior of the new born is assumed to be governed entirely at a sub-cortical level. Later on, many of his activities which never attain functional usefulness at the infra-cortical level are superseded by similar activities that are governed at a higher structural level and eventually become of service to the individual. Throughout the book, the distinction between cortical and sub-cortical behavior is sharply maintained.

The following activities are listed as of phylogenetic origin: the Moro reflex, the suspension grasp, behavior during inverted suspension, crawling and creeping, erect locomotion, the assumption of a sitting posture, the assumption of an erect posture, reaching-prehensile reactions in supine, sitting, and prone positions, and responses to bodily rotation and to cutaneous irritation. Under ontogenetic activities, the author includes the following: swimming, diving, ascending inclines both by creeping and walking, descending inclines, getting on and off high stools, roller-skating, jumping off high stools, and using stools of graded height or stacking boxes to secure a lure.

The reader who attempts to relate this system of classification to the definitions of phylogenetic and ontogenetic behavior as originally laid down may well find himself in difficulty. Why the assumption of an erect posture and erect locomotion should be classed as phylogenetic activities, while creeping up an incline is placed in the ontogenetic class, is not easy to ascertain. Certainly the ability to ascend an incline by one means or another is far more generally distributed among the infra-human species than is the ability to stand and walk erect on the hind legs, and since the world is not made up of plane surfaces, it may be regarded as equally necessary for normal human development. Dr. McGraw states that "while the ability to creep is indispensable in normal human growth, the ability to creep up and down an inclined plane is not." This may become true at some future date when the world is made up of apartment buildings with elevators to take one from one floor to another, but in our present form of existence, the statement must be regarded as highly questionable. In a world of hills and valleys, the individual who could progress only on an absolutely plane surface would surely be greatly handicapped.

It would appear that Dr. McGraw has felt herself constrained to find some explanation of the observed fact that under the conditions of her experiment, the intensive training given to Johnny seemed to bring about a marked improvement in his performance of certain activities (as compared to that of untrained Jimmy) while other abilities were little, if at all, affected. This difference appears to be the real basis for classifying a given act as phylogenetic (not affected by training) or ontogenetic (improved with training). This differential response to training is in itself a very significant finding which does not require a recapitulatory label of questionable scientific validity to prove its worth. Also, in view of the uncertain status of our knowledge in regard to questions of brain localization of behavior control, McGraw's assumption that the governing of any specified form of behavior can be definitely assigned a cortical or infra-cortical locus is unwarranted.

There are specific instances, it is true, in which the author has succeeded in isolating a definite pattern of behavior change in the passage from an apparently reflex act to one that is under voluntary control. A notable example of this is to be found in her account of the development of the suspension grasp, which is at first carried out by means of the digits only without thumb opposition, and later passes over into a palmar clasp with participation of the opposed thumb. One might be justified in assuming that the change in the behavior pattern is activated by a change in neurological pattern, and since there is some evidence from pathological cases to indicate that the earlier

or reflex pattern may occur when cerebral action is manifestly impossible, perhaps the assumption of infra-cortical control of the early form of the behavior is in this instance not wholly unjustified. But inference from function to structure is at best a precarious form of reasoning which, if indulged in at all, should be presented not as if it were proven fact, but with due regard for its hypothetical character.

This failure to distinguish between fact and theory constitutes a serious defect that appears throughout the whole of what is, nevertheless, an extremely challenging contribution to the theory of human development and learning. It is true that in a number of instances McGraw's "principles of learning" are old ideas in a new dress. The concept of "critical periods," for example, is an idea that has been familiar to educators for decades. Educational literature is full of discussions on the "best age" at which to begin training in the various subjects of the school curriculum, though I do not know of any case in which roller-skating has been considered in this connection. This is but one of many instances in which the writer's scanty acquaintance with the literature of child development is shown. More extensive reading would probably have led her to modify a number of her generalizations—which, by the way, show a striking tendency to conform to one of her own "principles" of growth—the "tendency to overwork a newly developing activity." Unfamiliarity with the literature is presumably responsible, at least in part, for the frequent regrettable failure to assign due credit to previous work in the field, though oversight must be the explanation for the failure to mention Gesell in connection with the method of co-twin control. The list of references includes sixty-eight citations, many of which are inaccurate. There is no index.

In spite of these drawbacks, there can be no question of the fundamental merit of the book. As Professor Dewey points out in his introduction, it goes far toward establishing a base line for the study of the "whole child" as an individual and not merely as a specimen case of a homogeneous class. In place of depending wholly upon group "norms" in which the facts of greatest significance may be obscured by the process of averaging, Dr. McGraw has followed the truly empirical method of deriving her general principles by a consideration of all the particulars. This is in itself an achievement of high merit. In so doing she has raised a number of fundamental questions that the majority of her predecessors have but dimly glimpsed.

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THREE FAMILY NARRATIVES. By George K. Pratt, M.D. New York: National Council of Parent Education, 1935. 76 p.

The full title of Dr. Pratt's monograph is "*Three Family Narratives, for Use in Parent Education Groups, with a Discussion of the Problems of Study-Group Leadership.*" But in its area of interest, the work goes far beyond the limitations of this title.

The three narratives comprise two-thirds of the pamphlet. They are charmingly written, in fictionized style, as family character studies. In each of the stories, a father, mother, adolescent boys or girls, and other siblings stand out clearly as interesting members of a modern American family. *Two Days With the Bartlett Family, The Russells,* and *The Maxwells* are varied and delicately portrayed sketches revealing the satisfactions, frustrations, conflicts, and adjustments in the lives of these family groups.

After reading all three of them, one eighteen-year-old girl of my acquaintance said: "Well, I've always known that parents are at times a pain in the neck, but I never realized before that kids are just as big a pain *for many of the same reasons.* I guess I'll be more tolerant of parents."

Such a reaction seems to indicate the value of these stories for general unsupervised reading. Adolescents and adults, married or unmarried, will find them a real help in gaining insight into family relationships in general. Physicians, nurses, pastors, and teachers who are faced with problems in family adjustments should frequently find occasion to recommend these stories for reading as a basis for illuminating discussions to follow. And of course, in study-group situations, for which the stories were originally prepared, the possibilities for fruitful use are boundless.

Both for parent educators and for more general reading, the value of the monograph is enhanced by two introductory chapters, *The Feeling Relationship in the Study-Group Situation* and *Illustrative Materials as an Aid in Creating a Group Atmosphere.*

These chapters reveal the author as thoroughly familiar with parent educators as they are. He takes into cognizance their growing feeling that something beyond formal teaching of factual material is frequently needed if parents are to find a real opportunity for personal development in a study-group experience. By dealing directly and primarily with the feeling relationships of a parent-education leader and the parents in a group meeting, Dr. Pratt meets a current need in the field of parent education.

Viewed more broadly, these introductory chapters depict clearly, simply, and acceptably the emotional motivation for attitudes and behavior in any group of human beings. Throughout the monograph,

the implicit emphasis is on the need for understanding, insight, and skill in dealing with these underlying emotional factors.

Experience in using *Three Family Narratives* with group leaders, parents, and adolescents has shown that many of them find release from guilt through the matter-of-factness with which the stories present negative feelings as inevitably occurring from time to time in any close relationship. Those who read the stories almost invariably identify themselves readily with one or another of the individuals they portray. Readers gain considerable insight into their own reactions, and especially with the help of some one skilled in understanding the meaning of their identifications with "Mr. Bartlett" or "Mrs. Russell," are often led to accept themselves as they have never before been able to do.

Dr. Pratt's work, therefore, seems to have a threefold value. It presents parent education—or, for that matter, any kind of group work—as a possible medium of emotional growth not dissimilar in some aspects to successful work in mental hygiene or psychiatric case-work. It clarifies in acceptable terms the importance of underlying emotional motivations and their power to influence human behavior and affect human relationships. It provides rich illustrative material to sustain and amplify both of the points of view.

A question might be raised regarding Dr. Pratt's emphasis on the importance of emotion as a fundamental factor in determining behavior. Can it be particularly helpful to educators whose experience is an outgrowth of excellent training in an objective presentation of facts? Will not this emphasis on emotion as the prime motivation of conduct tend either to make them unduly self-conscious or to induce subjective speculations about their own and their students' emotional reactions, for which their training has in no way prepared them?

In some cases, this appears to be a real hazard. On the other hand, *Three Family Narratives* might influence some leaders to seek additional training in order to gain greater understanding of the power of emotions in determining attitudes.

META LABAREE DOUGLAS.

New York City.

SOME PARENT-CHILD RELATIONSHIPS. By Marion J. Fitz-Simons. New York: Bureau of Publications, Teachers College, Columbia University, 1935. 162 p.

This study presents a schedule or scale of fifty-five parental reactions (divided into nine categories ranging from 4+ to 4—) to children. These categories range from those indicating overindulgence to those suggesting complete rejection. The attitude of both

mother and father can be indicated by checking the schedule according to information derived from the history and other sources of information.

In the case of Janet (analysis of one case with schedule given in the text) the father's indulgence of the child and the mother's indifference to her needs and excessive punishment bring into focus one of the well-recognized patterns.

The scale has been carefully evolved and reflects the experience of forty-one child-guidance clinicians. The schedule was used in the analysis of ninety-four cases of children referred to child-guidance clinics to discover the relationship between parental attitudes and children's problems.

From the study of this series of cases, though small in number, the author concludes that "the greatest number of withdrawing problems per child, as well as the greatest number of all problems per child, is recorded for the group that is overprotected by the mother and rejected by the father, according to the guide"; also that "the group of children who are judged to be rejected by both parents have the greatest number of aggressive behavior problems listed for them." Other correlations and possible inferences are given.

This guide or scale has, briefly, the following uses, according to the author:

a. Use in research study of parental attitudes.
b. Objective evaluation of parental attitudes.
c. Prevention of disagreement concerning estimation of parental attitudes.
d. Aid to the planning of clinic treatment.
e. More careful study of parental attitudes.
f. A method of teaching extremes in parental attitudes.

This study suggests and implies the significance of parental rôles in the formation of personality and the resultant behavior responses. The use of a guide of this type undoubtedly brings out certain behavior patterns clearly while blurring others. It requires careful study of the manual to appreciate the method of using the guide.

The book makes a real contribution to the study of parent-child relationships. The author hopes that the schedule will be used in the analysis of larger groups of cases in order to affirm or disprove the tentative conclusions presented and to further our knowledge of parent-child relationships.

A bibliography is included, and references to correlated material are made. There is no index.

HAROLD F. CORSON.

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PICTURES OF FAMILY LIFE. By L. D. Rockwood and M. H. Steele. Washington, D. C.: American Home Economics Association, 1935. 303 p.

TEACHING FAMILY RELATIONSHIPS IN THE HIGH SCHOOL. A MANUAL FOR TEACHERS. By L. D. Rockwood. Washington, D. C.: American Home Economics Association, 1935. 117 p.

A STUDENT STUDY GUIDE. By L. D. Rockwood. Washington, D. C.: American Home Economics Association, 1935. 88 p.

The first of these publications, *Pictures of Family Life,* is a collection of descriptions of middle-class, essentially "normal" families, of somewhat varying economic and cultural levels, written by high-school and college students under the supervision of teachers of home economics, as a project of the American Home Economics Association. Its appearance, with the companion manual for teachers (*Teaching Family Relationships*) and a student study guide, marks an effort to make available material for a high-school or college course in family relationships. It was the hope of the editor that such a course might both conduce to happier and more effective relationships of high-school students within their own families and help to prepare them for marriage and parenthood.

Each of the recorded descriptions, which follow an outline included in the text, is supposedly an account of the student's own family situation or that of some one he knows well. Each is accompanied by questions for class discussion. Further questions and projects, based largely on *Pictures of Family Life* and *Living Together in the Family,* an earlier text on family relationships by the editor of the present volume, are suggested in the manual for teachers and the student study guide. They deal with such matters as problems in sharing household responsibilities, in budgeting, in maintaining amicable relationships with parents, brothers, and sisters, in adjusting to relatives in the home, to unemployment, to being in the family of a minister or physician, and allied problems.

It is interesting to note that, so far as is known, no effort to assemble similar material as a basis for classroom teaching has been made by any one in the field of mental hygiene, despite this group's awareness of the intricacy of family relationships and their significance for personality development. Perhaps it is this very awareness on the part of the psychiatrist that has made him hesitate to formulate for rational discussion matters which are so largely irrationally determined.

One feels throughout Miss Rockwood's presentation, excellent in its scope and in its consideration of certain practical matters, some lack of understanding of the dynamics of human behavior. One questions

whether class discussion of family life, even on the surface level in which this material is presented, might not increase the guilt and anxiety centering around relationships within the family which are already felt to an uncomfortable degree by many children, particularly of the teen age. Positives in family life are consistently stressed, such as the need for the sharing of confidences and for mutual respect and love of family members. There is little real recognition or acceptance of ambivalence in parent-child relationships, although this is often revealed in the sibling relationships of the families described, nor is there any but the most superficial consideration of why parents and children need to act as they do.

An instructor whose own attitude was judgmental or moralistic might do much to increase the tensions of children who found themselves unable to feel and behave in an acceptable fashion. On the other hand, a tolerant and understanding instructor, using this material, might conceivably stimulate discussion helpful to many young people who are attempting to work out relationships within and outside their families.

Such material as is here presented might well be supplemented, or perhaps preferably *permeated,* by an understanding of the development of personality and of psychological urges and needs.

One lays down this trilogy feeling that the teaching of family relationships is going to be—and soon—an accepted part of the curriculum of the high school and college, and that mental-hygienists have an obligation to give it as thoughtful a consideration in their field as home-economists have in theirs. Psychiatrist and home-economist in collaboration should be able to produce material of greater value than will be possible for either working alone.

RUTH E. SMALLEY.

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DESTINY AND DISEASE IN MENTAL DISORDERS. By C. Macfie Campbell, M.D. New York: W. W. Norton and Company, 1935. 207 p.

The Thomas W. Salmon Lectures sponsored by the New York Academy of Medicine were inaugurated as a memorial to a man who, being a psychiatrist, was also a physician, and who, scorning to tear his specialty from the living body of medicine, on the contrary did all that in him lay to maintain a close and mutually helpful relationship. He was an excellent liaison officer.

The volume under consideration is very much in the tradition, if one may take some liberties with that word. Psychiatrists and social workers, while they will not find any lengthy exposition of new

theories or interpretations, will be pleased with the sane, balanced point of view. Physicians other than psychiatrists, and, in fact, all whose work is in the field of human relations, will welcome a book that sets forth simply and understandably the kaleidoscopic and mystifying display of the schizophrenic psychosis.

The author's style is smooth and lucid, the kind that coaxes one to read aloud. A clearly envisaged motif, approached and exhibited through a fluid, sensitive medium, is an accomplishment of rare merit. Time after time one is struck by the accuracy of the descriptive terms, the almost startling aptness of the ancillaries.

No strong bias for or against any one method of approach is in evidence anywhere. When understanding is the sincerely held objective, all avenues leading to the Altar of Truth are explored conscientiously and tirelessly. The methods and findings of the anatomist, the physiologist, the biochemist have their place, and no one questions the value of their contributions, but in the attempt to unravel so complicated a problem as the reactions of a life, "methods and categories more adequate to the fullness of human nature" have a very important place, and deserve more attention than they have had in this materialistic world.

The first of the three sections into which the book is divided is a "March of Time" in so far as the psychiatry of the past hundred years is concerned. With fairness and accuracy, the successive steps in the development of psychiatric aims and thoughts are portrayed. From a conglomeration of snarled and isolated threads, one sees the pattern slowly evolve and emerge—not by any means complete, but more extensive and intricate than at first seemed either likely or necessary. The dominant note of the book—viz., the need for a broad and all-inclusive analysis of psychiatric problems—is stressed and is an appropriate forerunner for the remaining sections.

Coming more closely to grips with his problem, the author, fully aware of the difficulties in delimitation, recounts the revolt from Kraepelinian tendencies toward too rigid classification, too great dependence on description, and too little effort at understanding and interpretation—the outcome of an almost pestilential desire for orderliness. Thought, too closely confined, tends to crystallize into beliefs, and for many years there undoubtedly were in psychiatry too many beliefs and too little evidence of living thought. But the restless, inquiring, and anything but complacent minds of Freud, Bleuler, and such of their disciples as were and are worthy breathed new life and vigor into doctrines and methods. The investigations both broadened and deepened. Each patient's life difficulties became a problem to be solved by individualized attention. Such triumphs as are due

to psychiatry are based upon this thoroughgoing search for particular causes and discrepancies.

Brief case reports of a group of some forty patients form the basis for a reclassification and a reinterpretation of schizophrenic psychoses. This classification has none of the rigidity and limited usefulness of that with which most of us are acquainted. It represents a groping—but a worth-while groping—for dynamic principles. With this goes a distinct brightening in prognostic conceptions.

The first group, characterized by general turmoil in adaptive mechanisms, represents "a break in compensation, a marked disturbance of the normal integrated activity," with emergence and expression of repressed "desires, feelings of guilt or hate, or seductive phantasies."

The second group consists of those patients who show lack of interest in or response to the external world, whether this takes the direction of indifference, stupor, or reduction of interest with distortion. Such patients present difficulties in interpretation because of limited accessibility.

The patients in the third group are those with a distorted world picture. In them, analysis and interpretation are impeded by the odd nature of the patient's outlook and by the fragmentary nature of the hints he gives in his language and conversation. Here are those in whom the phantastic creations are a deformed recompense for what life has denied; those in whom inner discordance is projected outward to the world, with complete non-recognition by the patient of himself as the source; and those who, "at the price of estrangement from their fellows and of the surrender of their social rôle," accuse the world of persecution and torment.

In the third section of the book there is a return to the consideration of general principles and some particular symptoms. The psychosis is considered as an episode revealing the interactions between the individual personality, past experiences, actual situations, and the cultural atmosphere. The successive transitions in behavior from sane to schizophrenic are not easily followed. Superficially they may seem incapable of interpretation, but as the author points out, the facts are there; that we cannot understand how they come about, does not invalidate them. There are other phenomena in nature that, not understanding, we still accept as established. Furthermore, milder forms are noted, and in them clinical phenomena are more readily interpreted.

Stuporous, hyperkinetic, akinetic, and ritualistic reactions are dealt with and their kinship with understandable sane reactions is pointed out. Even the formulation of neologisms is not so far distant from the activities of the word eccentrics of the rich Elizabethan period of

English literature, when, as Pearsall Smith (quoted by the author) says, "the making of words became the sport of sports." The schizophrenic, so long as his verbal utterances are a means of personal expression acceptable to him, cares little that they are not equally intelligible to us. In this, he has a relationship with the poet in whose hands the "conventional conceptual significance of a word seems to play a vanishing rôle." Even the characteristic dissociation of thought and feeling is not such an alien phenomenon. It, too, is adaptive, and has its close relatives in the behavior reactions of life.

We should all be grateful to Dr. Campbell for having given us in book form the content of these lectures, which few were privileged to hear. From the vast mine of his experience, he has fashioned a presentation—simple, sane, true to the facts, and withal beautifully conveyed.

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1933 Year Book of Neurology and Psychiatry. By Peter Bassoe, M.D., and Franklin G. Ebaugh, M.D. Chicago: The Year Book Publishers, 1934. 471 p.

Such a volume represents an ambitious effort to present year by year in digested form all the important literature in the field. This particular series is already well accepted and the standing of the authors is a guarantee that the work is seriously done. No doubt men with a diverse command of English participate in the translation of foreign articles, for German idioms are sometimes detected on a page whose diction for the most part flows freely. The book is of a size convenient to carry in a pocket and read at odd moments. We comment only on the studies that are most clearly related to the interests of this magazine.

It is not surprising that some matters of interest to a psychiatrist are found in the pages on neurology. What branch of medicine, indeed, in these days does not contain matter of marked psychiatric interest? Since epilepsy is classified among the neuroses, it is very timely to be reminded that head injury may be followed by that disorder. There is a difference of opinion as to the prevalence of such a consequence, one author finding epilepsy in 4½ per cent of 18,000 cranial injuries during the war, and another only 270 cases in 17,300 injuries. Head injuries are likely to be followed by psychoneuroses that become more disabling than the original injury. Among the hazards of spinal anæsthesia are hysterical disorders; it is doubtful whether this is a good method of anæsthesia for psychoneurotic individuals. (Sargent, Stevenson, Glaser and Anderson, Smith.)

Wagner-Jauregg has spoken out about the fever treatment of general paralysis, dismissing all electrically produced fevers as "music of the future." He still finds tertian malaria most useful; quartan is equally effective, but difficult to procure.

In the section on psychiatry is found a great deal that would best be read by physicians just as it stands. We shall comment most sparingly on purely medical questions and say more about problems of mental hygiene.

Considerable thought is being devoted to the problems of misbehavior. There is a conflict between psychiatry and the law. Psychiatry deals with personalities and the law with generalizations. Psychiatry and probation are commonly thought to favor the dispensation of mercy, and a psychiatrist sometimes feels apologetic about this matter. The Mexican arrangement by which the court does not go beyond a verdict has attracted favorable comment, and the Bar Association has endorsed indeterminate sentences administered by a board. The benefits of the so-called Briggs law in Massachusetts are still reaching the attention of physicians and lawyers. What seems obvious to a psychiatrist is that a case should not be disposed of without knowledge of the individual. Mrs. Roth says that conscientious judges wish the same advantage in disposing of their cases. There are 43 clinics serving courts in different cities; where a clinic exists, some problems get cared for without court registration.

Healy believes that twenty-five years have shown no great advance in the prevention of delinquency, but that a new point of view has been accepted. Delinquency is now considered a symptom due to interaction of factors within and without the individual. The analysis of minor criminals by Myerson controverts the idea that they are mostly psychopaths. He says that they are extraverts who give little time to self-contemplation, who have a parochial curiosity and little information about matters abroad; their sexual organization is not antisocial, but primitive; they have little loyalty and their whole emotional life is unorganized.

The rôle of psychiatry in general practice has been recognized for more than a hundred years, and physicians should be alert to maladjustment. Mental and social difficulties, financial reverses, fear and frustration may lie at the basis of a neurosis. Treatment is more difficult than diagnosis, and a physician sometimes contributes to a neurosis by what is said or what is not said. (Boch.) The general practitioner should think of his patient as an individual in need of help and not as the carrier of some problem of isolated systems. The physician should not assume that the world of his

own experience is the only realm in which a healthy person can live. (Campbell.) The personality is in constant evolution and anything that interferes with integration impairs the patient's adjustment. A medical history should include the essential facts of the patient's life. (Raynor.)

The family receives less criticism in these articles than in some social circles. An Australian author declares that in 75 per cent of cases of hysteria, the home is the sole predisposing cause that can be found. There is comment on the great extent to which the physician's experience in familial controversy is now utilized. In psychoanalytic terms, incompatibility among parents comes from three causes: the Œdipus situation, emotional immaturity, or unconscious homosexuality. (Oberndorf.) A heavy percentage of manic-depressive psychosis is precipitated by marital troubles. (Travis.)

This leads us into the problems of childhood. One writer argues for child-guidance clinics to prevent schizophrenia. (Levin.) Since it is difficult to assure ourselves about the prevention of anything, except on the basis of broad statistics, perhaps such an achievement is conceivable. Most child-guidance physicians speak cautiously about their ability to prevent that particular disorder. An English author thinks that only the positive principles of living should be stressed to our children, and the evils of alcohol, for instance, touched on in the lightest manner, if at all. Masturbation has been found to produce conflicts that play an important rôle in causation; the same authors found no proof that excessive masturbation had led to mental disturbances; psychotherapy seemed to be effective in facilitating readjustment. (Malamud, Palmer.)

The complaint of a child should receive more attention than is sometimes given. (Kanner.) The author of this argument, however, displays a shrewdness in analyzing these complaints that takes the physician a long way into understanding meanings that may be hidden far behind what the child volunteers. The child's two greatest difficulties are the arrival of another child and entry into school life. The child, therefore, who has successfully adjusted at five is not likely to suffer from a serious condition later. This is a hopeful conclusion and we may desire further studies to corroborate it. (Dodd.)

The problems of the adolescent who must be a man, but never act like one, get sympathetic description. The apprenticeship of the Middle Ages is well spoken of; no doubt considerable knowledge of some trade should be included in a boy's studies. (Yates.) There is a dearth of information about the mental needs of the involution

period when major adjustments are demanded and individuals need help in constructing a healthy attitude toward their new world. (Daspit.)

Psychoneuroses appear in India and have been discussed in quite the same terms that are used here. In India the Yogi teaching with its exercises has sometimes been used successfully to combat constipation. The common attitude of accepting a physical explanation for neurotic disorders may get some comfort from the fact that a muscle extract has given relief in cases of apprehension, or anxiety with periodic fear of death, dyspnea, or oppression. On the other hand the results were poor in cases where there was a reasonable cause for the fear or anxiety.

The mental states accompanying certain clinical diseases have received attention. It is remarked that tuberculosis patients need psychotherapy. They should have the opportunity to unburden their minds, and the physician should know their emotional balance. The influence of hospitalization, the cessation of active life, frustration of hopes, and fear of death cause psychoses among these patients. Such changes in the psyche are not characteristic of any particular physical ailment. (Schneiter.) Deafness brings somewhat characteristic changes. There is a tendency to introversion, to deny the handicap (if the patient is young) and later to develop a twisted philosophy of life and paranoid trends. The work of the acoustical engineers and of the League for the Hard of Hearing helps in the attainment of a good philosophy. (Barry.)

A study of one thousand attempts at suicide in Detroit confirms the usual findings of more attempts among females and more successes among males. Divorced women were often involved and Protestants oftener than Catholics. Interestingly, attempts were relatively rare in the early morning and most frequent in the evening and near the week-end, especially on Sunday or Monday. (Lendrum.) There are warning signs that cannot be safely disregarded by those who are caring for patients in depressions. (Jameison and Wall.)

Psychotherapy in public mental hospitals was discussed by the American Psychiatric Association. It starts with the removal of the patient from the environment in which he has felt responsible for what goes on. Good rapport must be established with an adaptable physician. Perhaps psychotherapy should be the special responsibility of certain physicians who have no defensive attitude about bringing to light the patient's emotional difficulties. Psychotherapeutic problems may be presented along the two main lines of adaptation and insight. One cannot disregard in a psychotherapeutic

organization the great importance of the nurses and attendants. (Hutchings, Hall, Hill, Hinsie.)

Sterilization is discussed. Castration is used in Switzerland infrequently for cases of masculine sex delinquency. Castration was an extremely popular custom all over the non-Christian world until recently. A Danish report indicates that only one of 41 sex criminals relapsed into his old crime after this treatment. Compulsory sterilization will not cause the disappearance of mental diseases; we have no means of recognizing those who transmit the morbid quality without exhibiting it. (Maier, Lewis.)

A Canadian writer advocates neurological institutes and separate divisions of general hospitals for the treatment of neurotics similar to arrangements in Europe. (McCausland.) In many regions of the United States arrangements of the same sort should be provided.

We find the very true statement that psychotherapy is essential in general practice; certainly physicians who would feel ashamed to accept the title "psychotherapist" make serious efforts to hearten and to guide their patients. (Gillespie.) We also find the statement that most mental illnesses can be handled by a common-sense approach. Such things are often said in the belief that too much of a mystery is made of mental disorders (which may be true), but as one observes the efforts of the family, all of whom may be common-sense people, and contrasts their results with those of the nurse or the physician, one comes to suspect that it is trained sense rather than common sense that produces results.

Medical education is discussed by several authors. Medical students and internes should have contact with psychiatric patients. (Smith.) Psychiatric training is desirable, among other reasons, because of the importance of diagnosis in the early stages of paresis, brain tumor, etc. (Cheney.) There should be a critical orientation with respect to the nature of man and the dynamics of human behavior and with regard to social problems that arise on the basis of mental and emotional disturbances. (Emery.) Less attention might be paid to what college students are thinking and more to how they think, and there should be well developed psychiatric departments in universities. (Tarumianz.) Fortunately we know that the teaching of psychiatry in medical schools is becoming broader and more definite.

The volume has an adequate index. It is of course designed primarily for the use of physicians and should be very helpful to them.

SAMUEL W. HAMILTON.

The National Committee for Mental Hygiene.

ASYLUM. By William Seabrook. New York: Harcourt, Brace, and Company, 1935. 263 p.

This is an interesting, well written, and pleasing account of the author's experience while being treated for alcoholism in one of our foremost mental hospitals. He describes his reaction to hospital life and interprets the purpose and results of the therapeutic procedures employed in his care.

The narrative is the story of an intelligent individualist with rare reportorial ability. He finds that life in a modern mental hospital is a cross section of life in the world outside, save for the fact that the patients are for the time being more childish and more uncontrolled, while the members of the staff are kinder and more understanding than is usually true elsewhere.

The layman will like this book and after reading it will feel that mentally sick patients are neither hopelessly ill nor queer. The book convincingly indicates that mental disease is not essentially different from other types of illness. Such work as this will further decrease the already diminishing dread of mental illness and mental hospitals.

The doctor and the professional worker will learn little by reading the book. Mr. Seabrook says that fear of failure gave rise to a neurotic state which caused him to use alcohol as an escape. He states that as the result of treatment he finds that he no longer needs alcohol, implies that he has given up escape mechanisms, but leaves the impression that he believes that he is still neurotic and says that he doubts if his neurotic tendencies will be permanently cured.

The psychiatric clinician will probably reach the conclusion that the author has written only part of his story, the superficial part, sufficient to satisfy the average reader. But the fact is that the part that would interest us most as physicians he has left untold. We can only hope that for his sake he has more insight into the problems of his personality than his story reveals and, knowing the ability of the physicians who cared for him, we can feel confident that such is the case.

The book is a description of life in a mental hospital and not a treatise on the causes and treatment of alcoholism. It might, therefore, have been better if the author had not given it as his opinion that the test of being cured of alcoholism is the ability to drink moderately. Such is the desire of most alcoholics. Up to the present time, experience indicates that the individual who has been uncontrolled in the use of alcohol must dispense with its use permanently if a cure is to be effected.

Several books on the nature and treatment of alcoholism have been written in recent years by educated laymen. Very little material bearing on this subject has appeared in medical literature, although

it is greatly needed. Perhaps such books as Mr. Seabrook's may stimulate physicians to publish the results of their experience in treating this very baffling and serious problem.

WILLIAM B. TERHUNE.

New Canaan, Connecticut.

THE SCIENCE OF WORK. By M. S. Viteles. New York: W. W. Norton and Company, 1934. 442 p.

A simplified presentation of scientific facts in the field of industrial psychology, and their proper orientation in a day of rapid economic, industrial, and social change from a well-balanced, objective point of view, is no easy task. Yet this is the feat that Dr. Morris S. Viteles has achieved in a compact, scholarly, practical, and very readable form. An unusual approach, in keeping with good pedagogy, has been made in the presentation of illustrations to portray the spirit and the facts in the text. The uninitiated or indifferent reader in the field of industrial psychology will hardly be able to resist reading the text after looking at the illustrations. To the accustomed reader in this field, it will be a delight.

The book has thirteen chapters, whose titles are as striking as the illustrations: *Work Through the Ages; Work with Machines; Fitness for Work; Devaluating the Psychological Goldbrick; Matching Men and Occupations* (2 chapters); *Worse Than War* (accidents); *Acquiring Skill at Work; Making Work Easy; Machines and Monotony; Making Work Worth While; Salvaging the Misfits; Working Together.* With the exception of an emphasis on the history of work, the author has covered the same ground more technically in an earlier text, *Industrial Psychology*,[1] published in 1932.

The present volume has a unity that will interest readers of this journal. It is integrated to show the history of work through the ages, the mechanization of industry, the need for man's adjustment to work, and the social and mental problems involved in working together. Obviously industrial psychology cannot escape the humanitarian attitude, and Viteles presents this point of view in its practical relationship to employee and management.

The last four chapters will be especially interesting to readers of this journal. They are most appropriate for present-day industrial problems. Chapters 10 and 11 show the need for considering more clearly the relationship of individual differences in combination with historical and experimental evidence, before drawing generalizations as to the effects of monotony, incentives, and motives in work. "One major conclusion can be drawn from the results of systematic,

[1] Reviewed by P. S. Achilles in MENTAL HYGIENE, Vol. 17, pp. 484–85, July, 1933.

scientific study of repetitive work. Much of the blame against it is wrongly directed. Machine work, intense work, repetitive work at an imposed speed and rhythm can be challenging and absorbing, to some workers at least." (p. 340.) "Perhaps the most encouraging aspect of these studies is their failure to confirm the point of view that the human mind is dulled, emotional adjustment intensified, and broader social participation hindered by repetitive work. In this the experimental findings coincide with what is shown by a review of the history of work." (p. 341.) "*Money is not as strong an incentive as it is usually supposed to be.* . . . When the worker finds other sources of satisfaction in his work, he becomes less vividly conscious of the amount of pay he receives." (p. 366.) "*Human efficiency at work—in terms of optimal production and maximum satisfaction*—can only exist when the total personality of the worker is given due consideration in arranging the task and the conditions of work." (p. 369.)

Salvaging Misfits, Chapter 12, covers familiar ground, including psychiatric cases and clinical-psychology studies of various types of maladjustment—such as those involved in job or home conditions, psychoneuroses, old age, and present-day unemployment—and adult adjustment centers.

Chapter 13, *Working Together,* includes timely topics such as employee representation, company versus trade unions, and the rôle of industrial leadership. Three fundamentals of good management are selection of executives, training for supervision, and a constructive philosophy of management.

The two chapters, *Work Through the Ages* and *Work with Machines,* show that industrial engineers, accountants, and others accustomed to report to management on efficiency in terms of machines, materials, operating methods, and policies are out of line with present-day industry. A comment to the reviewer by a factory manager of an organization that makes expensive watches illustrates the extent to which management is to-day concerned with the human factor in industry. "We have perfected our ways of manufacturing, and our methods of testing materials, and have reduced our cost. The next step for efficient management is beyond the control of machinery. We must now improve our human material."

The business man wants facts and cannot avoid primary concern with dollar economies. Morale, good will, the happiness of workers, the general welfare of employees, and so forth, are interesting, but unfortunately abstract concepts to most business men except under unusual conditions of stress. Increased efficiency, better quality of work, greater production, increased sales are practical enough and need no qualification. But when the business man asks for facts on such matters, what answer can the industrial psychologist give?

Very few studies or publications are available showing the dollars-and-cents value of the industrial psychologist's work. Throughout the book, and especially in Chapters 3 to 8, Dr. Viteles has done a good service in presenting the most significant published investigations available with practical economies wherever possible. But obviously it was necessary to depend on small laboratory studies conducted under specific conditions as a major source of illustration. The reviewer hazards a suggestion that if and when a sample of at least ten practical investigations made by industrial psychologists, covering factory, sales, office, transportation, and so forth, is presented in a fairly comprehensive form, showing actual dollar economies, a direct way will be paved for the acceptance of industrial psychology on a much wider scale.

The contents of the book and the method of presentation are such as to make it "psychologically healthy" reading material for those who are not directly concerned with this field. The book creates a feeling tone and an objective attitude in a pleasurable and thought-provoking manner. It is recommended as a non-technical discussion of science in a principal phase of modern life and as a direct help to vocational counselors, employment officers, directors of placement bureaus, economists, supervisors, executives, and others concerned in the broader aspects of human welfare and adjustment at work.

RICHARD S. SCHULTZ.

The Psychological Corporation, New York City.

STAMMERING AND ALLIED DISORDERS. By C. S. Bluemel, M.D. New York: The Macmillan Company, 1935. 182 p.

More than a score of years ago Dr. Bluemel published a book called *Stammering and Cognate Speech Defects.* It was one of the first books in this country to show that stuttering was due, not to physical, but to psychological causes. Since that time Dr. Bluemel has continued his study of the cause and treatment of stuttering, and his last book, *Stammering and Allied Disorders,* expresses his latest views on this subject.

The publisher has done well by the book. It is in large print, well paragraphed, and very easy to read. It consists of fourteen chapters in which are discussed the conditioned reflex, the development of language and speech, inhibitions, conflict, difference between primary and secondary stammering, various theories of stuttering, and the author's method of treatment.

Dr. Bluemel's chapter on the conditioned reflex is especially clear and helpful. He believes that speech is developed as a conditioned reflex and that stammering is caused by an inhibition of the conditioned reflex that underlies speech.

Stammering is divided into two types—primary stammering and secondary stammering. The author states that during the early or formative years of life, the conditioned reflex of speech is insecurely established and consequently is subjected to the hazard of inhibitions; but when adult life is attained, the conditioned reflex is firmly fixed and no ordinary circumstances of life can efface it. "During these years there is a constant interplay of conditioned reflex and inhibitions with first one and then the other in the ascendant. The child speaks now fluently and now with strained speech." "In some children there is an inadequacy of the conditioned response, so that speech is defective even apart from the matter of inhibition." The author maintains that all children stammer to some extent during the learning period of speech and that transient inhibition is frequently observed among normally speaking children. During the primary stage of stammering, the impediment is nothing more than the partial inhibition of the conditioned reflex of speech, but if this stage continues for several years, secondary stammering occurs. In this state there is an emotional condition. The emotional reaction occurs not only to words and letters, but also to personal situations. In this secondary stage there is also confusion of thought. The patient is often bewildered and cannot understand what is said to him.

Dr. Bluemel does not believe that stuttering of this secondary type occurs because of fear or anxiety. "When stammering arises from emotional influences," he says, "the disturbance in speech results from conditioned inhibition and not from the emotion which the situation may chance to recall." Again he states, "Observation shows that fear and embarrassment do not of themselves cause stammering."

The Travis-Orton theory that stuttering is caused by a conflict between the two hemispheres of the brain is discussed, and the theory is considered to be of doubtful validity. Nevertheless, Dr. Bluemel pays the authors the compliment of calling their theory "significant in the history of stammering because it represents the first major attempt to solve the problem of stammering in neurological terms." Of the work of Travis, he says, "We venture the opinion that the important contribution of this investigator is not his theory of the dominant gradient, but his conception of stammering as an extensive neurological disturbance in which the impediment of speech is merely a conspicuous symptom."

The discussion of the treatment of stammering is brief, but adequate and very stimulating for those who are doing speech-correction work. Probably no one in this country has made such extensive studies of the stuttering schools and of the methods used by them in the treatment of stuttering.

Vocal exercises, breathing exercises, phonetic training are used so widely in the treatment of stuttering that it is well the author emphasizes the inadequacy of such methods. "The inhibition theory of stammering," he says, "leads to certain inevitable conclusions regarding the problem of treatment. It becomes evident, for instance, that many accepted forms of treatment are misdirected. There is no logical purpose in breathing exercises, vocal exercises, articulation exercises, and many of the formal procedures of speech training that one frequently encounters in the stammering schools and in the speech classes of the public educational systems. These drills and exercises are futile for they aim neither at establishing the conditioned reflex of speech nor at removing the inhibition that constitutes the impediment."

Surely the time has come when there can be general agreement with the author's statement that it is useless to teach the stammerer how to breathe or talk or to familiarize him with the anatomy and physiology of his speech organs. "Children and morons speak plainly despite their lack of anatomical and physiological learning." In the treatment of stuttering the author advocates the establishment of the conditioned reflex of speech in primary stuttering. This is done through the auditory stimulus of speech, in the stuttering child, by reading slowly and carefully to him, or by reading him a story, sentence by sentence. At first the child is not asked to respond, but later he is asked to repeat each sentence after his mother. At first the mother speaks in unison with the child; and later on he speaks without this stimulus. Difficult words are pronounced for the child. Games in which speech is a part of the play are used. The proper conditioning of speech should be continued long enough so that the conditioning will not be lost when the treatment is stopped.

Although we do not agree entirely with the author's point of view on stuttering, we feel that all teachers of speech correction are indebted to him for this stimulating and uncontroversial presentation of his latest conclusions concerning the cause and treatment of stammering. No teacher of speech correction can afford to be without this book.

SMILEY BLANTON.

The American Society for the Study of Disorders of Speech.

PSYCHOLOGY AND LIFE. By Leslie D. Weatherhead. New York: The Abingdon Press, 1935. 280 p.

Mr. Weatherhead is preacher, psychologist, and teacher. He has used psychological therapy for about fifteen years. He has written in both the religious and the mental-hygiene field. The book to be

reviewed is revealing of himself as well as full of help for those whom he calls the "wounded spirits of the world." He speaks of himself as a working minister; he is filled with enthusiasm for his calling and understanding for those in danger of "nervous breakdown," and is quite clear in his thinking regarding the line between religious therapy and the rightful province of the physician. There may be differences of opinion as to the last statement, but the author is fortunate in his sponsors. Dr. William Brown has lectured in this country and his books have inspired many students. He says in his foreword: "While the psychotherapist himself cannot ignore the spiritual factor in all forms of mental healing, the minister has a position all his own in dealing with specifically religious problems, and can render powerful help in the unifying and harmonizing of the mind on the highest spiritual level."

And Sir Henry B. Brackenbury, Vice-President of the British Medical Association, says, "I am as convinced from the medical side as Mr. Weatherhead is from the clerical that the matter of his book is of the most vital and urgent importance for the effective work of the two professions . . . the doctor must do his part in intimate association with all sorts of other social workers, the teachers and clergy above all." He agrees with the author's statement that "religion and psychology [meaning medical psychology] are inevitably wedded. Psychological troubles are mainly due to a faulty adjustment to life and reality. Religion offers a perfect adjustment."

However, he safeguards a little more cautiously the place of the doctor and, although granting that coöperation between the two professions is essential, feels that in many instances the lead must be in the doctor's hands. He deprecates the use of words with a medical connotation in speaking of the work of a clergyman and does not feel that the place of spiritual healing is quite as definite as Mr. Weatherhead implies. This does not prevent him from heartily endorsing and commending the author's work as well as his book.

The first part of *Psychology and Life* is explanatory, giving the reader a certain orientation in the psychology of personality and its application along therapeutic lines. The chapters on the levels and the energies of the mind are illuminating and practically helpful as well as psychologically sound. The chapter on the unconscious is far more intelligible than many purely psychological discussions of this somewhat controversial subject, yet it does not seem unduly popularized. Weatherhead has put together, in what seems to the reviewer's mind a most constructive way, the philosophies and techniques of auto-suggestion and psychoanalysis, resulting in a useful therapy. One paragraph illustrates this synthesis: "If the depths of the unconscious are really permeated by an idea, the idea tends to

actualize. Here we see at once the tremendous importance of the unconscious. The value of suggestion, whether 'auto' or 'hetero,' depends on whether ideas can successfully reach it." Weatherhead translates "censor" into "critical faculty," thus using a term more natural to his readers, but conveying the essential meaning. And I cannot think that the most materialistic of his readers will be antagonized by his conception of faith and of a God who giveth to His beloved *even in sleep.* (Italics mine.)

In his chapter on repression and self-control, his religious conceptions are more fully expressed, and his extreme evangelical position may arouse opposition in those readers who are not in sympathy with it. However, the main purpose of the book is not affected by this, and in the minds of many, perhops those most in need of psychological therapy, its helpfulness is by so much increased. The later chapters have to do with specific difficulties and the liberal quotations from case histories and many practical suggestions make the book one that might be given to a person suffering from mild neurosis as an aid in learning how he may help himself. There are many of these constructive suggestions that one would like to quote. For instance: "We must budget the expenditure of the mind's energies and make that budget balance, neither spending nothing so that the mind is glutted, nor overspending till we are incapable of carrying on." And, "We find, further, that the cure of anxiety, phobia, and worry have at least this in common: their causes must be brought up to consciousness and surveyed by the conscious mind; for it is only on that level that the resources of reason, will, faith, and trust can deal adequately with the enemy."

The reviewer believes that Mr. Weatherhead has succeeded in his aim and justified his belief that "the time has come when we may safely disseminate facts about mental and physical hygiene. We shall not make the majority morbid. We shall save many from pitfalls and help others to climb out of them. I think we can show them how essential to the mastery of the art of living is a grasp of simple psychological truths and how utterly essential is a right relation to God."

ELEANOR HOPE JOHNSON.
Hartford School for Religious Education.

STUDIES IN EXPRESSIVE MOVEMENT. By Gordon W. Allport and Philip E. Vernon. New York: The Macmillan Company, 1933. 269 p.

"Investigations of personality may be focused upon any one of three different levels of phenomena. The first is the level of traits, interests, attitudes, or sentiments considered as composing an 'inner'

personality; the second is the level of behavior and expression; the third is the level of impression, the perception and interpretation of behavior by another. Since a discovery on one of these levels establishes a presumption that the phenomenon in question has some counterpart on the other levels, a problem which is elusive on one plane may often be more expediently attacked on another. This is the motive and the plan behind the present study. Instead of approaching the difficult problem of consistency or organization in personality through the study of 'inner' dispositions . . . we have chosen to refer the problem to the level of expressive movement and there to examine it in more direct fashion." "Expressive movement" includes gesture, gait, handwriting, and all aspects of movement which are distinctive enough to differentiate one individual from another. As a pioneer study of an unexplored aspect of personality and as a stimulus to further research, this volume should prove to be an important landmark for both the theory and the measurement of personality.

The volume is replete with arresting, disturbing, and thought-provoking contrasts. There are hundreds of correlations, 676 of them in a single table; yet there is constant depreciation of the hard mechanics of correlation and insistence on coherence, or congruence, or psychological consistency. All the devices dear to the statistician are on display; yet all of this elaboration applies at the most to twenty-five cases deliberately selected to provide a very heterogeneous group. The reader is introduced to a great array of newly devised tests of personality which rest on the solid foundation of quite objective observable behavior; yet a fourth of the volume labors mightily to provide evidence that graphologists can judge personality from handwriting. It is specifically stated that the objective tests were chosen without any particular hypotheses concerning what they might measure (*sic*); yet these tests seem to hang together both statistically and psychologically. Quite obviously there is nothing here for those who are busily engaged in the practical problems created by personality differences. This is a volume for those who are primarily interested in the theory and measurement of personality.

FRANK K. SHUTTLEWORTH.

Yale University.

THE RANGE OF HUMAN CAPACITIES. By David Wechsler. Baltimore: Williams and Wilkins Company, 1935. 159 p.

The original and significant contribution of this volume appears in Chapter V and Appendix B. Available data from the field of individual differences have been treated in such a way as to yield a quantitative measure of the extreme range of human traits and

capacities. For example, out of a thousand white American soldiers, the next to the tallest has a stature of 78 inches and the next to the shortest a stature of 61 inches, giving a ratio of tallest to shortest of 1.31:1. Similarly, out of a thousand white American soldiers, the next to the heavist weighs 230 pounds and the next to the lightest weighs 90 pounds, giving a ratio of heaviest to lightest of 2.44:1. It is essential in the calculation of such ratios that the measures represent true units of amount, that the extremes be rigidly defined, that data be available on fairly large and homogeneous populations, and that the exact nature of the distribution of measures be known.

The appendix presents 87 ratios of biggest to smallest, fastest to slowest, strongest to weakest, and most capable to least capable for a great variety of human traits. Different kinds of traits seem to have characteristic ratios. Thus, the largest ratios are found in the field of perceptual and intellectual abilities, averaging 2.58:1. That is, the next to the brightest individual out of a thousand has 2.58 times as much capacity as the next to the dullest out of a thousand. There follow in order weight ratios, averaging 2.33:1; motor-capacity ratios, averaging 2.31:1; physiological ratios, averaging 2.07:1; body-circumference ratios, averaging 1.52:1; metabolic ratios, averaging 1.39:1; and linear ratios, averaging 1.30:1. These findings, and particularly the hierarchy of ratios, are obviously of considerable importance to students of individual differences.

In a study that necessarily involves a careful selection of literature to meet certain criteria, the critical reader always wonders how much the data also have been selected to fit the theory. For the purpose of checking this point, similar ratios have been computed for seven linear measures on approximately a thousand New Haven six-year-old children. These average 1.36 with a range from 1.28 to 1.47, or in close conformity to Wechsler's data. It is possible, of course, to select data that seem to contradict the major thesis that the ratios are small and generally less than 2.5:1. Thus among children aged six years, three months, Psyche Cattell found some who had ten erupted permanent teeth and others with no erupted permanent teeth, giving a ratio of ten to zero or infinity. Even taking two to one as the typical ratio, this reviewer cannot agree that the range of human capacities is "exceedingly small." The smallness of the typical ratio is illusory. Another investigator might well have expressed a two-to-one ratio by saying that the largest measure is typically 200 per cent of the smallest. "Small" and "large" are, as the author insists elsewhere and forgets at this point, purely relative terms. Further, the numerical values of the ratios as computed are artifacts of the particular definition of the extremes. If the

extremes had been defined as the next to the largest and next to the smallest measures out of a hundred thousand or a hundred million, then altogether different ratios would have resulted. Nor is anything gained by citing the weight of an elephant in comparison with that of a rat; if a standard of comparison is desired, we need citations of the weights of the next to the biggest and next to the smallest elephant or rat out of a homogeneous group of a thousand specimens.

Chapters I to IV consist of a rather tedious statement of the problem and of the methods of analysis. Chapter VI is concerned with exceptions which for the most part tend to prove the general rule that the ratio of greatest capacity to least capacity is rarely higher than 3.0:1. Chapters VII and VIII, which are concerned respectively with the downward trend of capacities during old age and with genius, contribute little or nothing to the major thesis of the volume. It is to be regretted that the social significance of the data is not more clearly suggested.

FRANK K. SHUTTLEWORTH.

Yale University.

ENCYCLOPÆDIA OF SEXUAL KNOWLEDGE. Edited by Norman Haire, M.D. New York: Coward-McCann, 1934. 636 p.

This weighty volume, in reality an admirable book on sexual matters for the intelligent layman, is divided into an introduction, six books, and an appendix, and contains forty chapters. It was originally published in 1933 in French and apparently had an enormous success. Norman Haire, British gynecologist and sexologist, is the general editor of the English edition, and his notations and comments, not always in agreement with those of the various authors, are quite worth while.

His defense of the publication of still another book on sex is as follows: "Sexual ignorance is still so general, and the mass of misery arising therefrom so enormous and so appalling, that I welcome all additions to the list of volumes offering a measure of sexual enlightenment, provided that the information be accurate, the exposition lucid, and the book reasonably free from the sloppy sentimentalism and the religious 'gush' which unfortunately disfigure too many of the books that have been published previously."

The present volume seems to satisfy the editor's criteria. The Introduction contains the usual chapter on anatomy, neither better nor worse than that in the average book on sex. It is in the first four chapters of the first book that this "encyclopædia" attains its zenith. Any one—educator, social worker, physician, minister, parent—who has anything to do with children should be familiar with the basic

facts set forth in the chapters, *Sexuality in Children, Sexual Enlightenment, The "Sins of Youth,"* and *The Consequences of Masturbation.* Much misery would be avoided if such persons had some measure of the tolerant understanding possessed by the writer of these chapters. Many do not recognize sexuality in children as an entity, and when it is encountered, regard it as pathologic instead of realizing that in most instances it is a developmental phase to be understood and guided, but not to be punished.

Book II deals with love, love play, and the sex act. There is a charming and tender experience, quoted from Havelock Ellis, of the initial sex experience of an English couple, elucidating Balzac's statement, "Do not begin your marriage with a rape." The advice given in these chapters is summarized in the sentence: "On your wedding night, seduce your wife by all means, but do it with delicacy and consideration, keeping in mind that the least false step will make in her heart wounds that will never heal."

The following section, which is concerned with conception, pregnancy, labor, and its associated pathology, is of average merit. Despite the modern views generally expounded throughout this volume, Book III reflects the influence of some nineteenth-century notions, though in the main its information is accurate.

Imperfections of Love (Book IV) is something of a hodgepodge, containing many things apparently included for completeness, such as a general discussion of contraception, "the alchemy of love" (aphrodisiacs, barbaric practices, etc.), frigidity in women and impotence in men, the change of life in men and in women, and a chapter on rejuvenation.

Book V again presents subjects of interest to all socially minded people. It deals entirely with sexual aberrations. These are admirably divided into "deviations of aim" and "deviations of object."

The concluding Book VI contains descriptions of the venereal diseases and gives means of recognizing and preventing them. It mentions criteria of cure and above all emphasizes the necessity for long-continued treatment.

There is an appendix containing discussions and descriptions of and much historical matter on prostitution in general, prostitution in England, and the so-called "White Slave Traffic."

If the reader bears in mind Iwan Bloch's *The Sexual Life of Our Time* as he peruses this volume, he will undoubtedly feel that the authors were optimistic in naming this an "encyclopædia." On the other hand, if he is looking for an excellent and readable book on sexology, he will feel amply repaid for the time consumed in reading this volume. It should be emphasized again that this book is an extensive discussion of all phases of normal and abnormal sexual

behavior, aimed at intelligent laymen who desire knowledge of basic facts, knowledge of aberrations and of the pitfalls to which they may lead, so that trouble may be avoided and, if incurred, rectified.

In other words, it is a most complete collection of knowledge arranged for the practical guidance of people through the maze of ignorance, mystery, taboo, magic, and vice that envelops the subject of sex. As such, it well deserves the name "encyclopædia."

WILLIAM F. MENGERT.

University Hospitals, Iowa City.

PSYCHANALYSE ET CRIMINOLOGIE. By Dr. Georges Genil-Perrin. Paris: Libraire Felix Alcan, 1934. 188 p.

This writer is always interesting. His scholarly review of the history of the origins and evolution of the idea of degeneration in mental medicine, his fine little monograph on paranoia, interested us greatly, and he here would summarize some of the more recent work on the relations of psychoanalysis to criminology as he understands—chiefly misunderstands—it.

He indicates in the first place that he is not a psychoanalyst, but that the contributions made in the domain under review are so little known in the French literature and are of so much social importance that he prepared a report for the Seventeenth Congress of Legal Medicine upon them. This 12 mo. volume of 188 pages is an amplification of that 1933 report.

He prefaces his book with a short bibliography of the available French literature, the *Revue Française de Psychanalyse,* Marie Bonaparte, Allendy, Hesnard and Laforgue; the German works of Reik, Alexander and Staub, Aichhorn and Coenen; and a Spanish work of Camargo and Marin. In the May, 1931, issue of the *Annales de Médecine Legale* further bibliography and history have been offered.

The bulk of the book is made up of a general exposition of the subject. While the American reader has had practically all of this material for the past ten or twenty years, nevertheless it is well, even if extremely sketchily, presented here, for a non-believer in psychoanalysis; we find few of the grossly ignorant boners pulled by the usual psychoanalytic critic. At the same time it is again evident that one actually ignorant of clinical work with the method is not in a position to evaluate properly any situation of which it may be an essential part. In this sense the work is quite unsatisfactory. We were forcibly reminded, while reading it, of a somewhat similar type of performance. It will be recalled that Regis and Hesnard wrote a general criticism of psychoanalysis many years ago. Hesnard came to realize its faults of exposition and the prejudices due to ignorance, as well as the influence of his *"maître"* in

psychiatry. Hesnard was independent and strong enough radically to modify his attitude.

Genil-Perrin is an intelligent psychiatrist, and still young. We hope not a doctrinaire. It may be that he will follow the example of his illustrious fellow worker. Psychoanalysis has not as yet made much impression on certain stupid and hypocritical legal procedures; it has, however, shown them up as gross rationalizations. Political humbug and spiritual wickedness in high places are being seen for what they really are, and we believe that a spread of sound psychoanalytic understanding will be a most effective prophylactic for that type of parasitism which is called "criminal."

SMITH ELY JELLIFFE.

New York City.

GLANDS AND EFFICIENT BEHAVIOR. By Florence Mateer. New York: D. Appleton-Century Company, 1935. 243 p.

This volume is an attempt to establish an affirmative answer to the question, "Can gland feeding improve human efficiency?" The material is well selected and admirably presented, so that the author arrives at her conclusion logically and irrefutably. The case presentations are all that one could wish, giving sufficient detail of history, examination findings, treatment, and results for an experienced reader to form his own judgments.

Yet there is a certain lack of satisfaction at the end. Perhaps it is that the enthusiasm and optimism expressed in the earlier chapters lead to greater expectation than can possibly be fulfilled by actual clinical experience. "If one could give adequate aid to even that tenth of defective individuals who come nearest to self-sustaining normality, and give proportionate gain to another tenth of those less capable, the accumulation of value for everyday efficiency in the community would be tremendous," forecasts a hope that has never been justified by the facts of the situation. The actual incidence of glandular deficiency in the mentally retarded is relatively small compared to all other causes, at whatever level of retardation the patients may be. The suggestion that glandular deficiency may account for the majority of the insane likewise has little valid proof anywhere.

On the other hand, no one can gainsay the importance of glandular feeding in such cases as those described here. The regret is that such patients constitute relatively so small a proportion of all those who manifest inefficient behavior.

Any one who is working with children will welcome such careful evaluation of progress in efficient behavior as the author is able to present. The volume should be widely read so that clinical aware-

ness of these possibilities may be sharpened in those fields in which it may do most good—among parents, teachers, general practitioners, pediatricians, and mental-hygienists.

One thing stands out clearly. The individual who is retarded, unstable, or generally inefficient in any way is entitled to the opportunity to have his difficulties studied from every possible angle, including the functioning of his glands, as early as possible in life. The first study should be complete and followed long enough to arrive at a definite conclusion. Experience teaches that partial studies result in a terrific economic waste, in repeated tests, and in unjustifiable financial and emotional stress upon other members of the family that may, at times, jeopardize the efficient behavior of normal people who should never be exposed to such risks. After all, if glands influence behavior, emotions can determine the functioning of the glands.

The chapters dealing with the effects of gland therapy in so-called "normal people" with certain kinds of behavior difficulties are particularly illuminating, especially in regard to disturbances of calcium metabolism and the polyglandular syndromes.

The volume makes a real contribution to the literature of behavior. It is interesting, accurately informative, and readable.

LAWRENCE F. WOOLLEY.

The Sheppard and Enoch Pratt Hospital, Towson, Maryland.

THE SINGLE WOMAN. By Robert Latou Dickinson, M.D., and Lura Beam. Baltimore: Williams and Wilkins Company, 1934. 469 p.

This volume is a publication of the National Committee on Maternal Health, whose program follows two lines of inquiry: "First, the actual sex life and endowment of socially normal persons as revealed in medical case histories; and second, the control of fertility." The source material was provided by the senior author (5,000 case histories from his own practice and a smaller number from other physicians). "Nothing is set down here, either of fact or conclusion, that does not derive from the immediate subject matter."

The first section is concerned with health, "as health problems turn out to be also problems of sex and of living." It begins with a comparison of the conditions affecting the health of women in 1895 and at the present time. Many well-summarized and sufficiently detailed case histories are given to show the relationship between health, especially of the pelvic organs, and sex. The section concludes with a chapter on therapy and one on imagination.

The second section deals with sexuality itself and its manifestations in the case histories under examination. Part III deals with

creative problems. Under the headings *Family, Religion and Art,* and *Work,* are grouped many cases that show how sexual energy is utilized in these fields. Part IV is an interpretation of the recorded material, comparing those cases that afford full sex histories with those in control groups that afford only medical histories. Also, a small group of women who were young in 1930 are compared with those who were young in 1895. A brief summary follows. The reviewer recommends that readers begin with the summary, as a guide to the continuity of the book.

Gynecologists have unusual opportunities for acquiring much needed information on the sex life of women, and whatever they print on the subject can hardly fail to be of interest. A volume that represents the lifetime of experience of a gynecologist such as Dr. Dickinson deserves serious consideration. It is of exceptional interest not only because of the long experience on which it is based, and the eminence of its author, but because of the breadth of his interest in his patients. Throughout his life Dr. Dickinson has made unusually full records, not merely of gynecological facts as such, but of facts in regard to his patients' sexuality and lives in general. Aspects of life that are commonly considered in the special field of psychology are recorded here as few gynecologists have recorded them.

The book is of interest also because the author presents the clinical material itself, rather than his personal conclusions therefrom. Such case histories are rarely given to the public. More often we are offered medical histories without reference to sexuality, or vice versa. And more often we are offered the conclusions reached from clinical experience, with cases to substantiate these conclusions, rather than the experience itself. In this volume we are left comparatively free to note and digest what the authors present, and to reach our own conclusions. That does not mean, however, that it would not have been interesting to learn more of Dr. Dickinson's opinions of his material, had he chosen to offer them.

Although the facts recorded are enlightening as to the life of certain single women, the reader is frequently reminded, by the objective attitude of the authors, that these were cases that came to the attention of physicians, and so cannot be considered representative of single women as a class. Readers, medical or otherwise, can hardly fail to derive profit, however, from considering the situation as these authors show it to exist in at least some unmarried women, and from speculating regarding the significance of such data. Medical readers will also be interested in checking these data with those available from their own experience, and in comparing the authors' methods of examination, of treatment, and of recording with their own.

Boston. FLORENCE MEREDITH.

GENETICS. By H. S. Jennings. New York: W. W. Norton and Company, 1935. 373 p.

Since man has been an observing, contemplative being he has been familiar with the facts of family resemblance and heredity, not only in his own species, but in those of domesticated animals and plants. During the past twenty-five years enormous advances have been made in the understanding of heredity, the mechanism thereof has been laid bare, and an enormous literature has grown up in the process. A large part of the research has been done on a little fly, familiar to every one who lives in the country—the vinegar or banana fly, Drosophila. The results of this research are mostly inaccessible to the general reader both because the publications that give these results are in highly technical journals and because the geneticists have a language of their own, which seems strange and foreign to non-geneticists. Some interpretations have been attempted by schoolbooks, but there was needed a readable account of the results of genetical research and their bearing upon man.

This need has now been filled by a book written by the professor of zoölogy at Johns Hopkins University, Dr. Herbert Spencer Jennings—a remarkable book by a remarkable man. Dr. Jennings, from the beginning of his biological career, has shown himself an investigator of the first order. Above all, his work has been characterized by great clarity, by philosophic insight, and by pertinacity in lines that have required great patience and accuracy. Jennings is a teacher of long experience and thus has come to recognize the limitations in learning ability of the average student. His personal characteristics and the results of his experience stand forth on every page of this book.

First of all, the book is characterized by its simplicity in presentation. It has been impossible to neglect some of the nomenclature of geneticists, but the terms as they arise have been made clear and their use illustrated. Again, instead of trying to cover the whole field in genetics, as applied to the different animals and plants, the book is based primarily on the results obtained on one organism, Drosophila—the one organism that has been studied more completely than all others together. Thus, the presentation has been reduced to relatively rather simple terms. Stress has been laid less upon the encyclopedic collection of facts than upon the presentation of well-established principles derived largely from studies of Drosophila.

The book, like everything by Jennings, is well written. It is illustrated by 70 figures. These are in every way as unique in their simplicity and clarity as the text. Most of them are the simplest sort of blackboard diagrams, stripped of everything excepting the particular point that is to be illustrated. They aid tremendously

in the understanding of the text. One is fascinated by Jennings' style, which reaches literary heights in many spots. On the other hand, Jennings, as a teacher, must make things clear and succinct, and for this purpose he uses, to a degree unknown among books intended for the general reader, the method of presenting conclusions in numbered or lettered paragraphs. Such a system perhaps emphasizes the structure of the book a little too emphatically, but it does aid clarity.

Another peculiarity of the book is the freedom with which important conclusions are repeated again and again. Some readers may be a little surprised at this, but the experienced teacher knows how necessary repetition is in learning. For example, Jennings cites the case of "multiple alleles" affecting the color of the eye in Drosophila. The series: coral, blood, eosin, cherry, apricot, buff, tinged, ivory, white, is repeated, with slight variation, on pages 136, 153, 154, 181, and 342. By the time one has finished the book, one may not be able to repeat all these colors in order, but at least one will retain the fact that in some cases a number of mutations affecting a single organ are located in the chromosome at a particular point. In like fashion, one finds exactly the same ideas repeated again and again in the book, almost in the same phraseology. Nevertheless, since they are repeated in a slightly different setting, this repetition is not monotonous.

The book is far from being merely a statement of conclusions of investigators in the field in which Jennings has done outstanding work; he introduces interpretations of his own. So far as I know, no one else has made the suggestion that the genes that affect the color of the eyes may mutate in cells that produce legs or wings so that the mutation has no effect upon eye color and is forever unknown. Thus he says that "most eye colored gene mutations have no effect on eye color, for most of them occur in cells that do not produce eyes."

Though it is a far cry from Drosophila to Homo, still, since for the average human the applications of genetics to man are of supreme importance, Jennings makes many of these applications. The genetics of normal human traits, as well as of pathological conditions and defects, are cited and special emphasis is laid upon the data of twins, identical and fraternal. Jennings emphasizes the fact that though man is the worst species on which to discover the general laws of genetics, still it is the one in which we may best study the genetics of such things as mental characteristics, emotions, temperament, and the like. There are, indeed, those who would definitely remove these human traits from the field of genetical inquiry, who would insist, perhaps, that all human beings are exactly alike, so

far as we know, in these traits. Some anthropologists like to stress the fact that it has not been sufficiently proved that different races of mankind differ in these respects, although perhaps they would not deny that in a given race individuals differ. Jennings has no such doubts and believes that "mentality," "morality," "conduct," "career," "faith," are affected by the hereditary materials with which the individual starts life.

The great value of this book, it seems to me, will be in reëstablishing a balance. For some years now the sociologists seem to have occupied the field with ideas that conditions of life are of primary importance—that we can condition any sort of a child to be what we want, and it will stay conditioned. Under these circumstances, even if children do differ genetically, the important thing is training. Jennings' book should certainly teach the lesson that the success of training depends upon the "trainability" of the object trained; that there are children with family traits of ease of learning, of self-control, of mental vigor and poise, by virtue of which they more readily take an important part in the social order than other children who have genetical factors that make for stupidity, imbecility, lack of emotional control. The appearance of these hereditary factors in the child can be predetermined, but only by proper parental matings. If we rest satisfied that conditioning is toti-potent within the limits of training that society is able to impose and if we, therefore, neglect the genetical factors, it seems probable that the human race will deteriorate. The great value of Jennings' work is that it brings home to the general reader the principle that it is the nature of the genes that determines what results can follow through the incidence of environment.

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NOTES AND COMMENTS

Compiled by
PAUL O. KOMORA
The National Committee for Mental Hygiene

SECOND INTERNATIONAL CONGRESS ON MENTAL HYGIENE

Announcement was made in the last issue of this journal that the Second International Congress on Mental Hygiene will be held in Paris during the month of July, in 1937. The executive committee now announces that the exact dates for the Congress have been set for the week beginning *July 19* and ending *July 24, 1937.*

MENTAL HYGIENE AND INTERNATIONAL RELATIONS

Taking its inspiration from the recent pronouncement of the Netherlands Medical Association against the dangers of a "war mentality," The National Council for Mental Hygiene of Great Britain is considering the formation of a committee on war prophylaxis to study ways and means by which psychiatrists and psychologists can help in promoting friendly international relations.

This suggestion was presented at the Fourth Biennial Mental Health Conference of the Council held in London on January 23–25, and reported in the Council's journal, *Mental Hygiene,* at which the subject of mental hygiene and international relations was discussed by representatives of the various professions and the general public. While the causes of war are many and varied, the conference felt that it is the psychological factor that will in these days increasingly determine whether we are to go to war or pursue the policies that will lead to peace.

War need no longer overwhelm us for economic reasons, nor because we lack the mechanism of government or the machinery of peace, one speaker said, but because of failure of the "will to peace" and the requisite mental elasticity and adjustment. The last obstacle that now stands between man and peace lies not in material poverty, but in our minds and dispositions. To deal successfully with the momentous issues facing the nations to-day, their citizens must be

mentally fit, capable of control and restraint, aware of unconscious motives, and on their guard against the old instinctive reactions of their own nature.

In support of his thesis that the impediment to peace is now largely psychological, the speaker cited the difficulties surrounding the delicate and emotionally charged issue of national sovereignty which is at the root of so much of the present international misunderstanding and mistrust. The minds that would reconsider national pride and patriotism so that it becomes an emotion which leads us, even at some sacrifice of the national ego, to put more into the common stock than we take out, must be minds that are trained, healthily controlled, not easily rattled or terrified. It is the task of the psychologist here, the speaker declared, to give mental good health and an understanding of the workings of their minds, so as to make them less the victims of the old tyranny of their instincts. We are at the mercy of our emotions in everyday personal and national life and they operate in all realms of human experience, but they are most easily stirred in foreign affairs.

"Nothing appeals to instinct like war, and its power of destruction is intensified by another emotion—that of the herd. And yet, if you watch Signor Mussolini struggling to achieve his ends, or the victorious Allies refusing in the post-war years to give Germany her due, or frustrated Germany herself now pursuing unhappy policies, you will see in each case, not some problem inherently difficult of solution, but statesmen showing signs of mental ill health. Not one of these nations in recent years has been confronted by any difficulty which need have baffled them, like plagues and famines, causing them to fight for life. The means for discussing and remedying our grievances have been available. Modern nations have, in fact, been driven forward to policies, both unnecessary and evil, by nothing more nor less than bad mental health on the part of all concerned—the victorious and the vanquished.

"All this reveals a most urgent need. The mental health of the modern citizen should be attended to, especially where international affairs are concerned. For otherwise he may neglect, misuse, or even destroy the new machinery of law and international good conduct, which is at last available to protect him against fear. We shall not be able to get rid of all this danger or take advantage of the economic good fortune of the modern world unless doctors clean up our minds, parents are helped to understand when and how to give wise liberation to the child, and teachers release character and put history into better perspective. For only if the minds of the individuals who compose the new generation are first liberated and then adjusted to their power by finding a more simple access to inner

harmony, can we live down the influence of the past and be made to take advantage of the future."

There is nothing of greater importance in this matter of peace and war, the speaker concluded, than that our minds should be made competent for new responsibilities and new procedure. The citizen's mental well-being must be watched over from the very first with the same vigilance we have used in guarding his physical health. "The evils of the Treaty of Versailles may perhaps have been due not only to what happened in the mirrored hall of a French palace, but to life in an ill-ventilated nursery, ruled over by a tired nurse, visited by a preoccupied father, or brooded over by a too-loving mother."

In this connection the speaker recommended that more attention be paid to the psychological training of administrators, teachers, doctors, prison wardens, hospital attendants, industrial personnel, and public officials, and all who deal with adults and children in the mass, to the end that they may be better equipped to understand the human material committed to their care.

"A million or so additional pounds spent in training our administrators in the human aspect of their work would do more to rid citizens of the emotions that go into the explosiveness of war than ten times the amount expended upon assisting them to pass matriculation and to learn how to run their institutions methodically. If, too, now that the upbringing of children has become so much less a matter of automatic routine, the school could become not only the center of child life, but a joint partnership between teacher and parent, how much good would flow back into our homes, and therefore out into the world!"

Cultural Lag and the "Insane"*

No informed person has the slightest idea that when Pinel so dramatically struck the fetters from the limbs of the "insane" in Paris in the years 1792 and 1793, he in any sense liberated these unfortunate people from the shackles of man's ignorance, fear, and cruelty. This particular incident in history is of importance and significance largely because of its dramatic appeal, and because, too, it might be said in a rough way to punctuate the sad story of these

* This article was suggested by the recent case of the Jewish Mental Health Society, which was prevented by mandamus from enlarging the hospital conducted by the Society in the village of Hastings, New York, for the purpose of taking care of certain types of mentally ill patients. The mandamus was requested under the operation of a local zoning ordinance which prohibited, within certain limits occupied by the existing buildings of the Society, the erection, among other types of institutions, of "asylums for the insane."

people and to indicate thereby the beginning of the humanitarian era in their care. But even at this late day, nearly a century and a half after those events in Paris, the mentally ill are still sometimes and in some places probably as cruelly and unintelligently dealt with as they were in the days of Pinel. Of course there has been an enormous improvement in these hundred-odd years, an improvement that has come about through an ever-increasing enlightenment; but the fact still remains that the so-called insane have to struggle for recognition as sick persons who require intelligent and effective scientific care and treatment.

In many cases advances along these lines have been prodigious, but for the most part there is a noticeable lag in the effectiveness with which public measures are mobilized when one considers the scientific information available. This lag, which in this particular instance I have called the "cultural lag," is especially noticeable within the field of social operations, for in this field, dominated largely by the opinions and the feelings of the man in the street, there is surrounding the word "insane," the concept of insanity, or, more properly, of mental illness, a haze of misinformation composed not only of ignorance, but of cruelty based largely on fear. Therefore it is perhaps not surprising, though regrettable, that a community should proceed against an institution dedicated to the care and treatment of such patients on the general theory that such institutions are detrimental in various ways to the community, particularly of course by impairing property values.

It seems almost unnecessary to call attention to the fallacy of assuming a position of this sort, but the obvious is often the last thing to be seen, and here we have an obvious fallacy which is obliterated from vision by the intervening traditional prejudices of the situation. To begin with, the mentally ill have to be taken care of in some sort of way. The idea of excluding them from a particular community merely means that they have to be cared for by another community. If the other community were to take the same position, and so on down the line, it would mean that they could not be cared for at all; and if they were not cared for at all, certain social disasters would result, many of them of major proportion, to say nothing of the fact that a considerable number of acutely ill and curable patients would be projected into a condition of hopeless ill health, which in itself would be a serious detriment to the public at large. Obviously some one has to care for these people. They cannot be excluded from every community.

There is another aspect of the situation that needs consideration, and that is that a large part—how large it is impossible to say—of the haze mentioned previously, of ignorance and fear, which sur-

rounds the popular attitude toward the mentally ill is the result of our own miserably ineffective methods of dealing with them. I am sure, for example, that the so-called "back wards" of the old-fashioned asylums were merely places that represented the degree of neglect and ignorance which the asylum management manifested in dealing with its patients, and that intelligent care and treatment would have prevented the degradation of these individuals to the condition in which they were found upon these wards. And yet it is patients in such wards as this that are responsible for the average impression that prevails with regard to the mentally ill. The mentally ill person who is capable of making a good appearance most of the time, carrying on his business fairly effectively, and meeting people with reasonable adequacy, does not attract attention; but the mentally ill person who is filthy and destructive in his habits, violent and dangerous in his tendencies, disheveled in his appearance, and all the rest of it—he is a dramatic feature. He impresses those who see him as a horrible caricature of what a normal person ought to be. He has stamped upon the popular mind the impression of mental disease which is at the basis of the usual concept of this group of maladies.

I well remember visiting a municipal hospital in one of the larger cities of this country some years ago, where a dear friend of mine who was enthusiastic for the more intelligent care of the mentally ill had succeeded in having a psychopathic ward installed. This ward was built and opened with much misgiving on the part of the hospital management, who believed that the patients of the wards in adjoining wings would be very much disturbed by the raving of the lunatics in this particular section of the hospital. What actually happened was that, not the patients in the other wards, but the patients in the psychopathic ward were the complainants, and they complained rather bitterly of the noise which constantly disturbed them from the obstetrical wards immediately across the court. This emphasizes rather well the degree of fallacy in the whole concept of the general nature and conduct of such patients in their relation to the rest of the institution. None of the things that were expected happened; almost exactly the opposite is what really took place.

This story again reminds me of a still more primitive state of affairs with which I was connected in my youthful experience as a resident physician on Blackwell's Island. From time to time I came back from the city on the last boat, which, as I recall it, arrived at the island something after midnight. Some several hundred feet back from where the boat landed was the building for the more seriously disturbed women patients, and we would invariably see this building before us, not dark and somber and quiet, as it should have

been, with the patients all sleeping soundly and only occasionally a night light for the guidance of the nurse, but every window blazing with light; and at that distance the noise that issued from the building reminded one of a hive of bees. Yet these patients were under constant sedative treatment. They were given drugs to keep them quiet, and this was the result. Nowadays we know better than to use such drugs, and our hospitals for the mentally ill are dark and quiet at night; the patients sleep soundly and peacefully, as they should.

There is still another aspect of the whole question which is of significance. We hear from time to time voices raised against the construction of institutions for the care and treatment of such patients, or at least against their maintenance at so high a cost to the taxpayer; and these voices often wind up by querying whether it is not better that these people should, by some lack of care, of neglect, of failure to provide for them, be permitted to perish and so allow the law of natural selection to work out to its logical results, killing off the unfit and preserving the fit. This argument is very plausible and logical in its appearance. Unfortunately, it neglects one whole aspect of the question. While it might be true that the so-called unfit would perish a little more promptly if they were neglected, it is also true that if they were not segregated, they would contaminate the fit. This is perfectly obvious in a case of contagious disease. It is equally obvious, I think, if attention is called to it in more subtle relations. The very program itself which advocates either definitely euthanasia or in lieu of that some species of neglect suggests that we should lay aside those higher purposes and ideals which ordinarily we set so much store by, that we should neglect our obligations to our fellows, that we should become, in short, less than human in our attitude toward the unfortunates amongst us—such a program would contaminate and degrade what the proponents would regard as the fit members of society.

There is no way out of it. Our obligations must be fulfilled. And when we know in addition to all this that there are institutions of honorable repute, headed by men of special qualities, caring in an unusually effective manner for mentally ill patients, helping to restore them in large numbers to health, we feel that communities which bar such institutions from their precincts are blind to their own interests, blind to the great opportunity they have for doing a fine piece of humanitarian work that would raise them in their own estimation and enable them to set examples to others that might be of inestimable value.

Purely selfish objectives which do not take into consideration the larger issues of life, as I have very briefly undertaken to set them

forth, are rarely conducive to desirable results. And it is to be hoped that before communities such as I have indicated make their final answer to their great opportunities, they will have their vision clarified sufficiently to want to go and meet those opportunities.

WILLIAM A. WHITE.

Voluntary Patients in English Hospitals

Further steps to encourage the use of mental hospitals by voluntary patients, as advocated under the Mental Treatment Act of 1930, have been taken by the National Council for Mental Hygiene of Great Britain in its recent promulgation of a notable series of recommendations for the provision of special treatment units for this group and other changes in existing institutional arrangements. American hospital administrators will be interested in these pronouncements, as they reflect much of our own thinking with regard to the advantage of concentrating the application of therapeutic resources on curable and remediable cases as against those in the chronic groups. One of these recommendations points out the very desirable effect of the establishment of such units in the way of helping to break down the popular prejudice that still exists in relation to mental hospitals.

The other recommendations are:

1. The mental hospital can afford treatment facilities for the voluntary patient, provided there is available a special treatment unit, detached from the main hospital buildings.

2. Successful treatment depends upon the construction and the adequate medical staffing of the treatment unit.

3. It is essential that this treatment unit should be so arranged that suitable grading of patients is insured—in other words, that the disturbed patient should not be in proximity to the patient in need of rest and quiet.

4. Only patients who are accessible to active remedial treatment, psychological or physical, should be permitted to reside in the treatment unit.

5. The medical officer in charge of the treatment unit should be a senior man or woman fully qualified to carry out modern methods of treatment, both psychological and physical. In order that his energies may not be dissipated he should neither have to supervise the welfare of chronic patients nor be burdened with administrative duties. Moreover, he should be supported in his therapeutic activities by assistants, preferably on part time.

6. It would be inexpedient at present to provide accommodation for the voluntary patients other than at the treatment unit of the mental hospital.

7. In any discussion of the voluntary patient, it should always be kept in mind that included in this category are psychotic patients who, were it not for the Mental Treatment Act, would require to be certified.

8. It is recognized that although in a few mental hospitals these principles are applied, in general they have not been adopted throughout the country. It is considered advisable, therefore, to advocate that propaganda should be developed to achieve their acceptance and practice.

9. The treatment unit within the mental hospital should be regarded as a practical solution of the voluntary-patient problem for the time being, but should not be considered as necessarily permanent and final.

10. It is suggested that every university town should endeavor to establish a teaching hospital under the control of a part-time director, who should be professor of psychiatry at the university.

The Mental-Health Idea in Education

As a further impetus to the movement for the education of teachers in mental hygiene, in which it has led for many years, the Massachusetts Society for Mental Hygiene held an all-day conference, in Boston, on January 25, in which several hundred superintendents, principals, supervisors, teachers, and others from the school world participated. Twelve speakers presented their versions of "the mental-health idea in education" as interpreted from various angles of experience—city school system, state education department, nursery school and kindergarten, elementary and higher grades, high schools, teacher-training institutions, and so on.

As an example of how the "mental-health idea" has taken hold among school people, there is the child-guidance program of the board of education in New York City, described by Dr. Frank Astor. Thanks to this program, Dr. Astor said, large numbers of teachers and supervisors are reading mental-hygiene literature and discussing it at their monthly faculty meetings; the schools are individualizing their study and treatment of problem children; there is a conscious interrelation of mental-hygiene principles with methods of teaching, educational content, and other phases of classroom work; child-guidance committees with outside contacts have been organized in individual schools; and in a number of instances school and community have been linked in a unified program of parental and child guidance and adult education.

Since a psychiatric expert is not available for every child, some such guidance organization is necessary wherever the school authorities seek to apply the "mental-health idea" in a practical way. This

point was amplified by Superintendent John H. Boshart, of the South Orange and Maplewood (New Jersey) schools, who explained that such a plan calls for skillful personal service and for many changes in administration, organization, and instruction. But, as Dr. Henry B. Elkind, Medical Director of the Massachusetts Society for Mental Hygiene, pointed out, mental hygiene in education cannot be really effective without adequate personality adjustment in the teacher. Hence the importance of sound teacher training and selection.

How this is being attempted in one teacher-training institution was described by Miss Lois A. Meredith, psychiatric social worker at the New Jersey State Normal School in Newark. The entire staff of this school is working on the thesis that personality development of young people is fully as important as the knowledge of subject matter and teaching techniques, and as a means toward that aim, students are being selected more carefully, and a definite program is being set up to further the all-round growth of students in academic work, social living, and emotional maturity. Class instruction, individual counseling, and administrative procedures are coördinated in the Newark scheme, with faculty members sharing in all three functions.

Looking at it from the point of view of the psychiatrist, Dr. C. Macfie Campbell, of Harvard Medical School, also considered the personality of the teacher in its influence upon the child as more important than the curriculum and her technical knowledge of psychology. Her code of values and her behavior in the classroom are quite as important as what she puts on the blackboard. It is not the theoretical knowledge that the teacher has, but the way in which she has faced the problems of her own life that reacts on the child, for good or ill. The mental health of the adult, Dr. Campbell further said, can be promoted by accustoming the child to face clearly the difficulties in his own nature, as well as the tasks which life imposes on him, and by enabling him to live in an objective world.

It was evident, from all the discussions, that the objectives of mental hygiene and education are essentially the same—namely, good character, sound physical and mental health, and social efficiency. When psychology and mental hygiene achieve complete understanding of children, and when it becomes obvious which educational goals are compatible with mental health and which are not, then greater justice will be done to both child and teacher.

Teacher Training and Selection

A reduction in the number of teacher-training institutions and in the number of students attending these institutions, with a shift in emphasis to qualitative selection in the enrollment of candidates for

the teaching profession, was advocated by Professor C. E. Benson, of New York University School of Education, at a meeting of the New York Society for the Experimental Study of Education held at the College of the City of New York on March 13. With rare exceptions, the discussion brought out, there has been, until recently, virtually no selection, as such, in teacher recruiting in the United States, and in six of the states in which there is selection, it is almost entirely on a scholastic basis.

A description of the procedures followed at the New Jersey State Normal School in Newark was presented by Dr. M. Ernest Townsend, president of the institution, which is an outstanding instance of the application of the newer trends of thinking in connection with the selective and training process. "We are not getting our most intelligent people to go into public-school teaching," Dr. Townsend declared, in discussing the standards that govern the admission of students to teacher-training institutions as compared with other professional schools. The general body of public-school teachers are not professional at all, in the sense of medicine, law, engineering, and other professions, he said, and what is needed to meet the problem in a fundamental way is a reorganization of the whole system of teacher education and selection similar to what has been done in the medical schools.

One of the baneful results of the present system, Dr. Townsend pointed out, has been that great numbers of students have attended normal schools for the palpable purpose of securing a college education, rather than to prepare for teaching as a profession, and this in face of the fact that they constitute, to a considerable extent, students of an inferior intellectual caliber who would not ordinarily go to college. Our teacher-training schools, Dr. Townsend said, must attract students who are superior enough mentally to understand that teaching is not a process of transmitting erudition, but a discipline concerned with preparation for and adjustment to life in terms of adequate emotional and personality development. According to this concept of education, the teachers college should have a twofold aim—namely, to prepare people to become literate, in the curricular sense, as "practitioners" of education, and to serve as experts in applied human engineering, in the sense of conditioning people for effective living.

As a basis for discussion, Dr. George S. Stevenson, of The National Committee for Mental Hygiene, submitted a tentative summary of findings made during the past year in a study of the problem of teacher training and selection. Among other points discussed were the need for approved syllabi of mental-hygiene teaching for normal schools; the mental-health issues involved in school administration

and supervisor-teacher relationships; the concept of mental hygiene as a body of knowledge not limited to a special course of study, but as a philosophy and point of view permeating the whole system of teacher education; and the content of mental-hygiene teaching which, all agreed, should be weighted on the side of the normal—that is, the problems of everyday life—as against the pathological and abnormal. Others participating in the symposium were Dr. Bruce B. Robinson, of the Newark Department of Child Guidance; Dr. Alice B. Paulsen, of the New York Academy of Medicine; and Professor Harvey Zorbaugh, of New York University.

Domestic-Relations-Court Study

The danger of overestimating psychiatric indications as a causative factor in juvenile delinquency and the need for greater emphasis on familial, environmental, and social factors are two of the main points of the report of a comprehensive study of the New York City Domestic Relations Court, made recently by a subcommittee of the Committee on Public Health Relations, of the New York Academy of Medicine, headed by Dr. Bernard Sachs. "Little can be accomplished permanently to adjust such [delinquent] children," the report states, "without a complete change in the method of attack upon the problem." Essential requirements of the new approach to this problem recommended by the committee are better clinic facilities, more and better trained workers, and a coördination of effort on the part of all community agencies dealing with maladjusted children. What is needed is not a complete psychiatric examination of every child who appears at the court, but more intensive social case-work for selected cases, and such changes in organization as will make psychiatric treatment more effective than is possible under present conditions. As a step in this direction the committee suggests the setting up of a model court unit with a stationary staff, including a model psychiatric unit, in one of the smaller courts, to serve the other boroughs of the city, in place of the present "rotating" staff arrangement. The complete report of this notable study appears in the February, 1936, issue of the *Bulletin of the New York Academy of Medicine.*

Committee for the Study of Suicide

A comprehensive and systematic study of self-destruction as a social and psychological phenomenon has been undertaken by a group of ten prominent New York psychiatrists, psychoanalysts, neurologists, and social workers, who have organized and incorporated themselves as the Committee for the Study of Suicide. The officers of

the committee are Dr. Gerald R. Jameison, President; Marshall Field, Vice-President; Dr. Henry A. Riley, Treasurer; and Dr. Gregory Zilboorg, Secretary and Director of Research.

There will be four main types of studies, covering a wide scope of investigation, intramural and extramural, social and ethnological. The first will deal with individuals inclined to suicide and will be conducted in selected hospitals for mental disease, from the angle of therapy and prevention. The second, also therapeutic in nature, will be for the benefit of persons with suicidal trends and obsessions who will be treated in selected out-patient clinics by qualified psychiatrists and psychoanalysts. The third will consist of follow-up studies, from the standpoint of social background and personal history, to be made by experienced psychiatric social workers on those who have made unsuccessful or partially successful attempts at suicide. The fourth will concentrate on the investigation of suicide among primitive races, and it is planned to conduct an expedition for this purpose to the Melanesian Islands or the Gulf of Papua, and in the interior of the Mexican Northwest, as well as among some of the North American Indian tribes. There will also be a series of studies of the historical aspects of suicide as a social and medico-psychological problem.

Dr. Henry E. Sigerist, professor of the history of medicine at Johns Hopkins University, and Dr. Edward Sapir, professor of anthropology at Yale University, are consultant members of the committee, which also includes the following members: Miss Elizabeth G. Brockett, Dr. Franklin G. Ebaugh, Dr. Hermann Nunberg, Dr. Dudley Schoenfeld, and Dr. Bettina Warburg. Executive offices have been established by the committee at 57 West 57th Street, New York City.

Orthopsychiatrists Meet in Cleveland

The American Orthopsychiatric Association held its thirteenth annual meeting in Cleveland on February 20–22. The program called for three papers at each of the three morning sessions. Probably of outstanding interest to the general attendance was the paper by Carl Rogers entitled *An Exploratory Survey of Treatment Methods*. Dr. Rogers showed very clearly that there is a need for a careful, planned approach to treatment, with adequate attention to all available resources, rather than emphasis on any one type of therapy. Papers of this kind were in marked contrast to those in which one type of therapeutic approach was stressed to the exclusion of all other approaches.

A valuable contribution to the program was the paper by Dr. Theophile Raphael—*The Question of Suicide as a Problem in Col-*

lege Mental Hygiene. This was discussed at length by Dr. Gregory Zilboorg, from the standpoint of nineteenth-century anthropological findings and interpretations, and by Dr. Ira Wile, who stressed the importance of approaching a problem of this kind without preconceived and antiquated formulations.

Another most interesting paper was *The Use of Puppet Shows as a Psychotherapeutic Measure for Behavior Problems in Children,* by Dr. Loretta Bender. The project described was developed as a form of group treatment for the emotional problems of the approximately 800 patients on the Children's Observation Ward of Bellevue Psychiatric Hospital in New York City. Since it is impossible, with the limited staff available, to give individual attention to all of these children, necessity as the proverbial mother of invention came handsomely to the rescue through this ingenious therapeutic device contrived by a unit of the Works Progress Administration. The puppet shows are written and produced, Dr. Bender explained, to deal directly with the child's complexes, such as the Œdipus complex, sister and brother rivalry, the unloved child, aggression, and other behavior problems.

"We have found," Dr. Bender said, "that the hero, Caspar, can, in the shows, face all types of problems. The children as the audience are encouraged to take part in the show and help Caspar decide what he has to do. Various other characters, such as the mother and father, brothers and sisters, can be expressed, both obviously and in symbolic terms. For instance, the bad mother is represented by the witch. There are also classes in puppet making in which the children are taught how to make puppet characters, write their own plays, and produce them. During these classes they discuss freely the various problems brought up by the shows. The children are contacted in groups or when necessary, individually, by either the puppeteers or the psychiatrist, and their problems are discussed in the impersonal terms of the puppets."

This program, Dr. Bender concluded, has proved of enormous value in giving the ward psychiatrists insight into the various complexes of children by clarifying problems of identification, and by allowing the children a full and healthful expression of aggressive impulses.

In addition to various section meetings given over to group studies, testing procedures, problems of delinquency, case-work and educational problems, there was the usual symposium for members only, which this year was devoted to a case study presented by Dr. Samuel Hartwell, where again the differences in therapeutic approaches were clearly brought out. In this discussion the point was emphasized that therapy in and by itself has no meaning, becoming meaningful

only in the hands of the individual who uses it and knows in what, in his hands, such therapy consists.

At the annual dinner of the Association, Dr. Ralph P. Truitt gave the presidential address, which should be read in full by all who wish a brief personal history of a quarter century of psychiatry. The "critic's response," by Dr. George H. Preston, was also an illuminating and instructive contribution.

The following officers were elected to serve until 1937: President, Edgar A. Doll, Ph.D.; Vice-President, Henry C. Schumacher, M.D.; Secretary-Treasurer, George S. Stevenson, M.D.; Councilors, E. Van Norman Emery, M.D., Mildred C. Scoville, Ralph P. Truitt, M.D.; Editor, Lawson G. Lowrey, M.D.

The next meeting of the Association will be held in New York City.

HENRY C. SCHUMACHER

Psychiatrists to Meet in St. Louis

The first week in May will see the psychiatrists of the country gathered together in St. Louis for their annual meetings under the auspices of the American Psychiatric Association and the American Association on Mental Deficiency. It will be the ninety-second convention of the former organization, which is composed of some 1,600 psychiatrists in institutional, clinical, and private practice, and the sixtieth convention of the latter, comprising some 500 educators, psychologists, sociologists, and psychiatrists, and other students of mental defect.

The sessions on mental deficiency, to run for four days from May 1, will deal with research activities and administrative matters, and the medical, psychological, sociological, and educational aspects of mental defect. The session on Saturday, May 2, will be for the special benefit of public-school teachers interested in problems relating to the mentally defective or retarded child. The complete program of these meetings may be obtained from Dr. Groves B. Smith, Secretary, American Association on Mental Deficiency, Godfrey, Illinois.

The program of the American Psychiatric Association will run from Monday, May 4, to Friday, May 8, and will cover the usual variety of topics. Associated meetings will be held by the American Psychoanalytic Association, the American Psychopathological Association, and the National Association of Private Psychiatric Hospitals. Details may be obtained from Austin M. Davies, Executive Assistant, American Psychiatric Association, 2 East 103rd Street, New York City.

National Health Council

The National Health Council held its annual meeting at Rockefeller Center, New York City, on February 6. The executive committee reported, among other things, the appointment of a special committee to consider action looking toward the possible participation of member agencies of the Council and other national and local health groups in the proposed World's Fair scheduled for New York City in 1939. The hope was expressed that the country's health forces will take full advantage of the unusual opportunity offered by this occasion to promote public education in health and hygiene, and that every available resource will be mustered to this end. Among the desirable results of such an undertaking, and as an outgrowth of an adequate health exhibit staged at the World's Fair, the possibility was suggested of subsequently establishing, in New York City, a permanent "Museum of Hygiene" after the manner of the famous German Hygiene Museum at Dresden and the Berlin health exposition of 1935.

Another report, presented by a special committee on agency relationships and based on a study of the Council and its member organizations made by Professor Ira V. Hiscock of Yale University, dealt with the development of coöperative relations and joint activities of these agencies, and recommended further study, with special reference to the formulation of programs of health education for schools and colleges, the proposal for a coördinated field service for member agencies, expansion of the National Health Library and other common services of the National Health Council, and other measures calculated to promote the ideal of coördinated national planning for programs in the public-health field.

Dr. Donald B. Armstrong, Third Vice-President of the Metropolitan Life Insurance Company, was elected President of the Council, to succeed Colonel Theodore Roosevelt, who resigned because of the pressure of other duties. Other officers elected for the ensuing year are: T. N. Pfeiffer, Vice-President; Frederick Osborn, Treasurer; and Professor Maurice A. Bigelow, Secretary.

1934 Institutional Census

The Federal Census Bureau reports a total of 451,672 patients on the books of hospitals for mental disease in the United States at the end of 1934. Of these, 403,519 were resident patients, and 48,153 were on parole or "otherwise absent." The total distribution according to types of institutions was as follows: 384,860 in 171 state hospitals; 37,435 in 68 county and city hospitals; 18,659 in 22 United States Veterans' hospitals; and 10,718 in 206 private hospitals.

First admissions to these hospitals during 1934, according to the bureau's latest enumeration, totaled 96,630, two-fifths of these patients being afflicted with one or another of three main types of psychoses: dementia praecox (18.7 per cent), manic-depressive (12.4 per cent), and psychosis with cerebral arteriosclerosis (9.5 per cent). Dementia praecox was the most frequent type of psychosis in the case of each class of public hospitals, while the manic-depressive type was the largest for private hospitals. The second largest group was the manic-depressive in state hospitals; the senile group in county and city hospitals; general paralysis in veterans' hospitals; and dementia praecox in private hospitals.

A Living Memorial

Dr. Arthur W. Rogers, founder and director of the Oconomowoc Health Resort in Wisconsin, announces the conversion of the institution from a proprietary organization to a non-stock, non-profit corporation, to be known in the future as The Rogers Memorial Sanitarium. This change in status has resulted from Dr. Rogers' decision to purchase the entire stock of the hospital and to reëstablish it in perpetuity as a memorial to his wife, in appreciation of her lifelong devotion to the upbuilding of this outstandingly successful private institution for the scientific care and treatment of the mentally ill. In addition, Dr. Rogers has provided in his will for the assignment to the new corporation, upon his death, of his entire estate as the foundation for an endowment, estimated at upwards of a million dollars, the income from which is to be used for the advancement of psychiatry and neurology, as well as for the further development of the institution.

Important Civil-Service Opening

A competitive examination for the position of director of the New York State Psychiatric Institute and Hospital will be held in May by the State Civil Service Commission. This institution, located at the Columbia-Presbyterian Medical Center in New York City, is under the state department of mental hygiene, and is the research and teaching unit of the New York state-hospital system. The position pays a salary of $6,000 a year, with an additional $3,000 in lieu of maintenance. The present director is also professor of psychiatry in the College of Physicians and Surgeons (Columbia University), a position for which he receives $2,500 a year, and the Commission announces that the new appointee "will probably be accepted by the University if qualified to direct the psychiatric instruction of medical students." *Applications must be filed by May 15.* Candi-

dates must be at least thirty years of age, United States citizens, graduates of an approved medical school, licensed to practice medicine in New York State or eligible for such license, and they must have had "not less than ten years of satisfactory experience in clinical psychiatry." Candidates must also submit, with their applications, publications or other evidence of "demonstrated ability and leadership in psychiatry, psychobiology, psychopathology, and allied subjects." The examination is open to residents and non-residents of New York State.

A Correction

In the *Directory of Psychiatric Clinics* published in the last issue of Mental Hygiene, the director of the out-patient and extra-mural clinics of the Delaware State Hospital was incorrectly given. The clinical director is Persis F. Elfeld, M.D. Claude Uhler, M.D., is the assistant clinical director.

CURRENT BIBLIOGRAPHY *

Compiled by
FREDERICK W. BROWN

Abraham, Karl. The history of an imposter in the light of psychoanalytic knowledge. Psychoanalytic quarterly, 4:570–87, October 1935.

Adler, Alfred. Are Americans neurotic? Forum, 45:44–45, January 1936.

"A Father." How we nearly lost our son and daughter. Parents' magazine, 11:16–17, 52–55, January 1936.

Anderson, V. V., M.D. Integrating psychiatry with education at the Anderson school. American journal of orthopsychiatry, 5:411–15, October 1935.

A psychological approach to the problem of asthma, eczema and prurigo. Mother and Child (London), 6:341–47, December 1935.
The psychiatrist's rôle, by R. A. Q. Lay, M.B.
The psychologist's rôle, by K. Duguid.
The social worker's rôle, by D. H. Hardcastle.

Argow, Walter Webster. A criminal-liability index for predicting possibility of rehabilitation. Journal of criminal law and criminology, 26: 561–77, November 1935.

Armstrong, Clairette P. Some mental and social inadequacies. Journal of abnormal and social psychology, 30: 371–83, October–December 1935.

Bacmeister, Rhoda W. Beginning sex education. Parents' magazine, 11: 18, 54, February 1936.

Bacmeister, Rhoda W. Your child needs friends. Parents' magazine, 10:18–19, 60–62, December 1935.

Bacmeister, Rhoda W. When a child is afraid. Parents' magazine, 11: 20, 34, 63, January 1936.

Barnard, Florence. Management of money in the home. National parent-teacher magazine, 30:14–16, December 1935.

Beer, Ethel S. Mental-hygiene aspects of the day nursery. Mental hygiene, 20:41–48, January 1936.

Blair, Emily Newell. The home as a cultural, spiritual center. National parent-teacher magazine, 30:10–13, February 1936.

Blanchard, Phyllis. Psychogenic factors in some cases of reading disability. American journal of orthopsychiatry, 5:361–74, October 1935.

Bowman, Harold L., D.D. Mental hygiene in relation to religion. Mental health bulletin (Illinois Society for mental hygiene), 14:1–3, January 1936.

Brooks, Nathaniel P. The menace of nervous and mental fatigue in school children. Medical record, 142:512–13, December 4, 1935.

Brown, Jessie Allen. Some parents talk too much. Parents' magazine, 11:13, 69, January 1936.

Brown, Leonard M., M.D. Pitfalls in psychiatric examinations. Medical bulletin of the veterans' administration, 12:288–92, January 1936.

Carter, A. C., and Giardini, G. I. Reliability of psychological prognosis in the western penitentiary of Pennsylvania. Journal of criminal law and criminology, 26:556–60, November 1935.

Castner, B. M. Prediction of reading disability prior to first grade entrance. American journal of orthopsychiatry, 5:375–87, October 1935.

Chapman, Oscar L. Education and the social crisis. Progressive education, 13:7–12, January 1936.

Clark, Mary Augusta. Directory of psychiatric clinics in the United States, 1936. Mental hygiene, 20: 66–129, January 1936.

Davis, John Eisele. The utilization of play in the construction of healthy mental attitudes. Mental hygiene, 20:49–54, January 1936.

Dayton, Neil A., M.D. A new statistical system for the study of mental disease and some of the attained results. Bulletin of the Massachusetts department of mental diseases, 18:163–233, April 1935.

* This bibliography is uncritical and does not include articles of a technical or clinical nature.

Dayton, Neil A., M.D. Operation of the Fernald traveling school clinics and research possibilities in the accumulated examinations. Bulletin of the Massachusetts department of mental diseases, 18:107–62, April 1935.

Dayton, Neil A., M.D. The first year of the new standard nomenclature of diseases in Massachusetts mental hospitals. American journal of psychiatry, 92: 589–613, November 1935.

Doll, Edgar A. The clinical significance of social maturity. Journal of mental science (London), 81:766–82, October 1935.

Durfee, Charles H. Understanding the drinker. Mental hygiene, 20:11–29, January 1936.

Earl, E. J. C. The affective-instinctive psychology of imbecile children. British journal of medical psychology, 15:266–78, February 14, 1936.

East, W. Norwood, M.D. Alcoholism and crime in relation to manic-depressive disorder. Lancet, 230:161–63, January 18, 1936.

Eaton, Edith Allyn. The social side of school life. Parents' magazine, 10:14–15, 58–59, December 1935.

Elkind, Henry B., M.D., and Taylor, Maurice. The alleged increase in the incidence of the major psychoses. American journal of psychiatry, 92: 817–25, January 1936.

Fahs, Sophia Lyon. The beginnings of religion in early childhood. Child study, 13:134–37, January 1936.

Fenton, Norman, and Popenoe, Paul. Twenty-five years of eugenic sterilization. Journal of juvenile research, 19:201–04, October 1935.

Fetterman, J. L., M.D. The correlation of psychic and somatic disorders. Journal of the American medical association, 106:26–31, January 4, 1936.

Foley, John P. The criterion of abnormality. Journal of abnormal and social psychology, 30:279–91, October–December 1935.

Foster, Robert G. Advising young people on marriage. National parent-teacher magazine, 30:6–7, 28–31, February 1936.

Gaudet, Frederick J., and Watson, Robert I. The relation between insanity and marital conditions. Journal of abnormal and social psychology, 30:366–70, October–December 1935.

Glauber, I. P., M.D. The treatment of the functional speech disorders in a medical-social clinic; implications for the treatment of functional disorders in general. American journal of orthopsychiatry, 5:388–94, October 1935.

Golla, L. L., M.B. The nervous system and the organic whole. Proceedings of the royal society of medicine (London), 29:109–18, December 1935.

Gordon, Murray B., M.D., Kuskin, Lawrence, and Berkowitz, Bernard. Mental retardation associated with endocrine and non-endocrine conditions. Endocrinology, 19:561–78, September–October 1935.

Gregg, Donald, M.D. The lethal powers of the emotions. Mental hygiene, 20:30–36, January 1936.

Gruenberg, Sidonie Matsner. Parents, children, and the enjoyment of life. Child study, 13:69–72, December 1935.

Gunion, J. P., M.D. How the law treats the psychotic. Medical bulletin of the veterans' administration, 12:283–87, January 1935.

Guirdham, Arthur, D.M. On the value of the Rorschach test. Journal of mental science (London), 81:848–69, October 1935.

Guirdham, Arthur, D.M. The Rorschach test in epileptics. Journal of mental science (London), 81: 870–93, October 1935.

Hanfmann, Eugenia. Social structure of a group of kindergarten children. American journal of orthopsychiatry, 5:407–10, October 1935.

Heath, Frederick. Western Washington's contribution to mental hospitalization. Modern hospital, 45:54–58, December 1935.

Hendrick, Ives, M.D. Conscience and experience. Child study, 13:102–04, January 1936.

Houtchens, H. Max. A study of mental conflict in delinquent and non-delinquent boys. Journal of juvenile research, 19:180–92, October 1935.

Hubbard, Frank W. Today's youth problems. Journal of the national education association, 25:13–28, January 1936.

Hutchings, Richard H., Jr., M.D. Physical therapy in a mental hospital. American journal of psychiatry, 92: 709–16, November 1935.

Jahr, Herman M. Puberty in fact and fancy. Hygiea, 53:58–60, January 1936.

Jenkins, R. L. The management of negativism in young children. Medical record, 142:507–10, December 4, 1935.

Kilgour, A. J., M.D. Colony Gheel. American journal of psychiatry, 92: 959–65, January 1936.

Kirby, George Hughes. Mental hygiene, 20:62–65, January 1936.

Knight, Robert, M.D. Mental hygiene, its meaning and practical application in the community. Bulletin of the Kansas mental hygiene society, 10:1–2, November–December 1935.

Kreezer, George. Motor studies of the mentally deficient: quantitative methods at various levels of integration. Training school bulletin, 32:125–35, November 1935.

Landis, Carney. Questionnaires and the study of the personality. Journal of nervous and mental disease, 83:125–34, February 1936.

Langner, Helen P., M.D. Integrating psychiatry with education. American journal of orthopsychiatry, 5: 417–23, October 1935.

Lippmann, Walter. Aspects of a philosophy of government in a sick world. Bulletin of the New York academy of medicine, 11:673–80, December 1935.

Liss, Edward, M.D. The psychiatrist in school. Mental hygiene, 20:37–40, January 1936.

Malzberg, Benjamin. Mental disease among foreign-born whites, with special reference to natives of Russia and Poland. American journal of psychiatry, 92:627–40, November 1935.

Markey, Oscar B., M.D. They used to call it nerves. Parents' magazine, 11:18–19, 50–51, January 1936.

McCormack, Thomas J. Character in adolescence. Child study, 13:105–08, January 1936.

McDaniel, F. L. Neuropsychiatric service, U.S.S.Relief—an analysis of 1 year's work. United States naval medical bulletin, 34:27–32, January 1936.

McNemar, Olga W., and Landis Carney. Childhood disease and emotional maturity in the psychopathic woman. Journal of abnormal and social psychology, 30: 314–19, October–December 1935.

Meier, Clara. The effect of prizes in increasing the word learning of subnormal children. Training school bulletin, 32:146–57, December 1935.

Mekeel, H. Scudder. Clinic and culture. Journal of abnormal and social psychology, 30:292–300, October–December 1935.

Melvin, A. Gordon. The nature of true activities. Progressive education, 13:46–48, January 1936.

Michaels, Joseph J., M.D., and Goodman, Sylvia E. The incidence of like traits in 154 siblings and 50 cousins in a group of so-called normal children. American journal of orthopsychiatry, 5:404–06, October 1935.

Middleton, Warren C. The propensity of genius to solitude. Journal of abnormal and social psychology, 30:315–32, October–December 1935.

Murphy, Lois Barclay. Backgrounds of adolescent religion. Child study, 13:140–44, January 1936.

Myerson, Abraham, M.D. Summary of the report of the American neurological association committee for the investigation of sterilization. American journal of psychiatry, 92: 615–25, November 1935.

Newer, Bernard. The need of a personnel program for state institutions. Mental hygiene, 20:55–61, January 1936.

Norman, Hubert J., M.B. Psychiatric digressions. Proceedings of the royal society of medicine (London), 29:129–140, December 1935.

Olson, Willard C. The location of problem children by a nomination method. Journal of juvenile research, 19:193–200, October 1935.

Patry, Frederick L. Psychobiological implications of a changing social-economic order in medical practice. Medical record, 143:45–47, January 15, 1936.

Pepper, O. H. Perry, M.D. The handicap of the patient's fears. Journal of nervous and mental disease, 82: 639–51, December 1935.

Perman, Clara. The child will trust his teacher. National parent-teacher magazine, 30:15–16, January 1936.

Pilpel, Cecile. Parents and children in search of "the good." Child study, 13:131–34, February 1936.

Pollock, Horatio M. Practical considerations relating to the family care of mental patients. American journal of psychiatry, 92:558–64, November 1935.

Popkin, Zelda, and Ludwig, Walter. "Young rebels"—and their parents. Child study, 13:108–11, 126, January 1936.

Pratt, Caroline. Recording mental health and treatment. Progressive education, 13:27–31, January 1936.

Psychiatric implications of education—a symposium. American journal of psychiatry, 92:827–53, January 1936.

Pre-school, by Douglas A. Thom, M.D.

Grade period, by Frederick H. Allen, M.D.

High School, by George S. Stevenson, M.D.

Randall, J. A. The anecdotal behavior journal. Progressive education, 13: 21–26, January 1936.

Raphael, Theophile, M.D. The place and possibilities of the mental hygiene approach on the college level. American journal of psychiatry, 92: 855–76, January 1936.

Reynolds, Martha May. Can your child concentrate? Parents' magazine, 11:16–17, 56, 58, February 1936.

Richmond, Winifred. The rebellious adolescent. National parent-teacher magazine, 30:6–7, 24, 26, December 1935.

Robinson, Bruce B. Failure is too costly for the school child. Parents' magazine, 11:22–23, 55–61, January 1936.

Rosenzweig, Saul. A test for types of reaction to frustration. American journal of orthopsychiatry, 5: 395–403, October 1935.

Rymer, Charles A., M.D., and Rymer, Marion Reinhardt. Psychological medicine as practiced by the quack. American journal of psychiatry, 92: 695–707, November 1935.

Schmideberg, Melitta. The psychological care of the baby. Mother and child (London), 6:304–08, November 1935.

Schroeder, Paul L., M.D. Criminal behavior in the later period of life. American journal of psychiatry, 92: 915–24, January 1936.

Scott, Katharine N. Little mischief-maker. National parent-teacher magazine, 30:13, 26, January 1936.

Standards of training of professional personnel in psychiatric clinics. American journal of psychiatry, 92: 731–39, November 1935.

Stevenson, G. H., M.D. Clinical facilities in mental hospitals. Modern hospital, 46: 75–79, January 1936.

Stogdill, Ralph M. Let your child grow up. Parents' magazine, 11:15, 94, February 1936.

Strecker, Edward A., M.D., Appel, Kenneth E., M.D., Palmer, Harold D., M.D., and Braceland, Francis J., M.D. Psychiatric studies in medical education. American journal of psychiatry, 92:937–57, January 1936.

Symonds, C. P., M.D. Traumatic epilepsy. Lancet, 229:1217–20, November 30, 1935.

Teaching the feebleminded. (a symposium) Iowa bulletin of state institutions, 37:70–103, April 1935.

The use of games in teaching dull and retarded children, by June Dunn.

Indian dancing, by Florence Treloar.

Differential methods, by Evelyn James.

Motor development in infants, by Margaret Vanderwilt.

Heredity and environment, by Evelyn James.

Posture, by Florence Treloar.

The individual child, by Lottie Wood.

Individual differences, by Mildred Frank.

Individual differences, by Verona Darting.

Recognizing the personality, by Dorothy Minkler.

Temper tantrums, by Anna May Nielson.

Thorndike, Edward L. Science and values. Science, 83:1–8, January 3, 1936.

Vernon, P. E. Recent work on the Rorschach test. Journal of mental science (London), 81:894–920, October 1936.

Wile, Ira S., M.D. Common sense in rearing children for life. Archives of pediatrics, 52:749–60, November 1935.

Wile, Ira S., M.D. The facts about left-handedness. National parent-teacher magazine, 30:8–9, 32–34, January 1936.

Wile, Ira S., M.D. The next decade and education from the standpoint of mental hygiene. Archives of pediatrics, 53:27–42, January 1936.

Williams, V. Blackstone, M.D. Soma and psyche. Medical bulletin of the veterans' administration, 12:271–74, January 1936.

Winslow, C.-E. A., Dr.P.H. The power of ghosts. Mental hygiene, 20:1–10, January 1936.

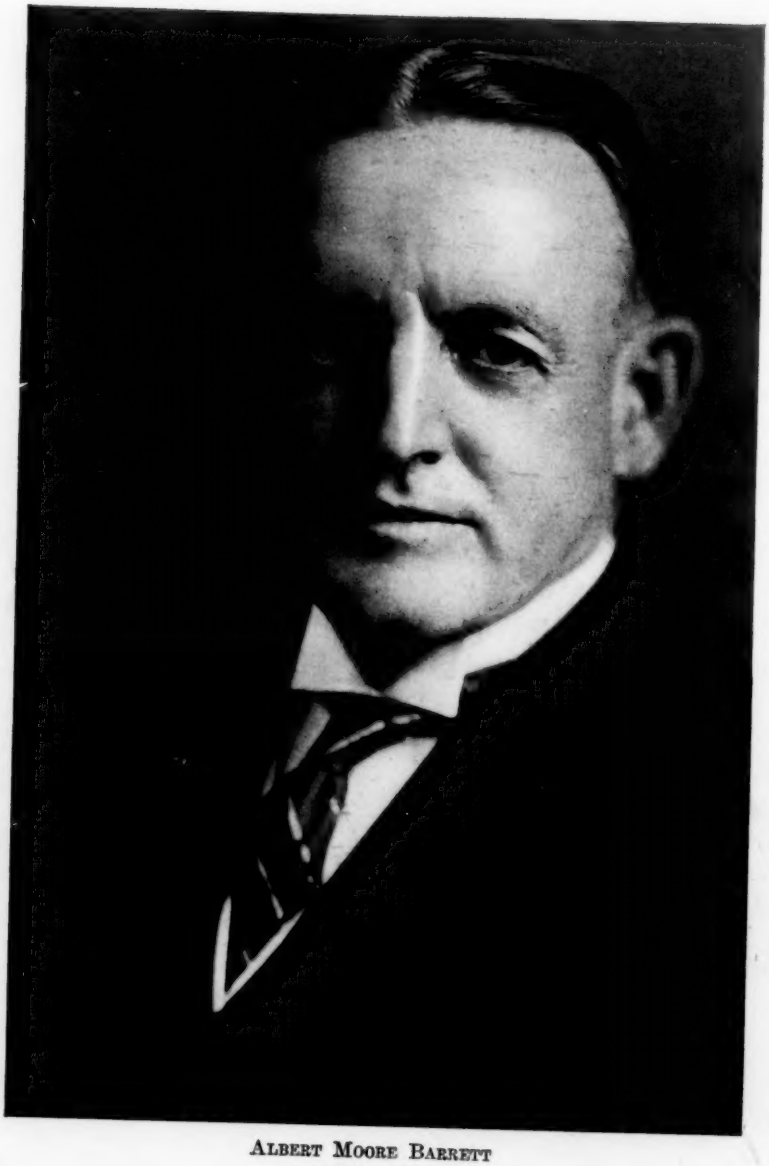
Witmer, Helen Leland. A comparison of treatment results in various types of child guidance clinics. American journal of orthopsychiatry, 5:351–60, October 1935.

Wolf, Anna W. M. The dilemma of character training. Child study, 13: 99–102, 126, January 1936.

Woods, Andrew H., M.D. Neuropathology, the foundation of psychiatry. Iowa bulletin of state institutions, 37:2–69, April 1935.

World, Reginald, M.B. Four decades of psychiatry. Journal of mental science (London), 81:755–65, October 1935.

Zilboorg, Gregory, M.D. Differential diagnostic types of suicide. Archives of neurology and psychiatry, 35: 270–91, February 1936.



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1871–1936